**vCJD permanent deferral policy to be reversed - IBTS**

The IBTS today (9th September 2019) announced that its permanent deferral policy for individuals that had been resident in the UK, including Northern Ireland and the Channel Islands, for a cumulative period of one year or more between 1 January 1980 and 31st of December 1996, will no longer be applicable and donors will now be eligible to donate from **7th October 2019.**

“The permanent deferral for one year residency in the UK was introduced in November 2004. This resulted in the loss of approximately 10,000 donors and has been a source of annoyance to those donors that they have not been able to donate since that date. The IBTS has to protect the patient who receives blood and this step was necessary at that time. The evidence now available allows the IBTS to overturn this deferral and reinstate those donors. The IBTS would like to welcome back donors who were previously ineligible to donate because of a risk of vCJD. Before attending a blood donation clinic, we recommend that you visit the FAQ page on [www.giveblood.ie](http://www.giveblood.ie) to view our current eligibility criteria,” said IBTS Chief Executive Andy Kelly.

A special meeting of the IBTS Medical Advisory Committee was held on 29th April 2019 to consider the evidence. The meeting was attended by Prof Richard Knight, Clinical Neurologist and former Director of the of the National CJD Research and Surveillance Unit, University of Edinburgh, Prof Pierre Tiberghien of the Etablissment Français du Sang (EFS), Dr Barry Quill, Ophthalmologist, Royal Victoria Eye and Ear Hospital and Dr John Mathews, Veterinarian, of the Food Safety Authority of Ireland (FSAI). Representatives from the Department of Health and the Health Products Regulatory Authority (HPRA) were present.

“The IBTS Medical Advisory Committee subsequently met to consider the outcomes of the meeting and in addition to reversing the permanent deferral for residency also agreed the following:

* Donors that have had surgery, in the UK, involving the lymphoreticular system (appendix, tonsils, lymph nodes and spleen) would be eligible to donate
* Donors that have had surgery to the structures supporting the spinal column would be eligible to donate providing there is no breach of the spinal cord or dura mater
* The deferral with respect to root canal treatment in the UK be rescinded and that donors that have had this treatment would be eligible to donate

“These deferrals were introduced as precautionary measures at a time when there was great uncertainty surrounding the BSE/vCJD outbreak. The number of cases of vCJD to date and the predicted number of future cases has been significantly lower than had been anticipated,” said Prof Stephen Field, IBTS Medical & Scientific Director.

“Four cases of transfusion transmitted vCJD have occurred in the UK; 3 of these patients developed vCJD, the fourth patient had no symptoms but was found to have abnormal prion protein at post mortem. In all 4 cases the donors were well at the time of donation but later developed vCJD. These are the only known cases of transfusion transmitted vCJD worldwide; no cases of transfusion transmission of vCJD have occurred in Ireland.

“The blood transfused to the 4 patients who developed vCJD was not leucodepleted. i.e. the white cells had not been removed prior to transfusion. The removal of white cells from blood before transfusion to a patient was a measure introduced by the IBTS in 1999 to reduce the risk of transmitting vCJD by blood transfusion. No cases of transfusion transmitted vCJD have occurred worldwide with blood that was leucodepleted. Blood transfusion cannot be guaranteed to be 100% safe, there will always be some risk associated with transfusion, but the risk of transmitting vCJD by blood transfusion is now considered to be remote,” said Prof Field.

There are changes to other activities namely:

* Tissues collected in the United Kingdom (in particular heart valves from Northern Ireland) that comply with the EU Tissue Directives can be used in the Republic of Ireland.
* Irish plasma recovered from whole blood could be used for therapeutic purposes (Fresh frozen plasma FFP). However further work is required to decide on how this plasma would be processed within the IBTS and whether it requires pathogen reduction process, and
* The Irish Eye Bank should reinstate the collection of corneas from deceased Irish donors.

The following permanent deferrals will remain in place:

* Individuals with a family history of CJD. This does not include a history of vCJD.
* Individuals that had an intracranial tumour and treated with human Desmopressin.
* Individuals that had ever received pituitary extracts of human origin.
* Individuals that had received human growth hormone.
* An individual that has had a dura mater graft.
* An individual that has received donated eggs or embryos since first of January 1980.
* Any individual that had an inoculation injury with material containing abnormal prion
* Individuals that had received intravenous immunoglobulin in the United Kingdom after 1st January 1980
* Individuals that had a plasma exchange procedure in or out of the Republic of Ireland.
* Individuals that had a blood transfusion outside the Republic of Ireland at any time.
* Individuals that have had a blood transfusion within the Republic of Ireland on or after 1st January 1980.

**ENDS**

**For further information contact Patricia McNally at 087 2578487**

**Note to Editors**

Variant Creutzfeldt-Jakob Disease (vCJD) is the human form of Bovine Spongiform Encephalopathy (BSE). It was first reported in the United Kingdom (UK) in 1996. It is thought to be contracted by eating bovine meat products infected with an abnormal prion protein. This is generally accepted as being the same agent that causes BSE.

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The main risk associated with contracting vCJD is dietary exposure to meat or meat products infected with BSE.  This could have occurred through residing in the UK in the years 1980 to 1996, or from consuming infected meat or meat products in Ireland, either imported from the UK or from Irish sources, before all control measures were in place.  The National CJD Advisory Group commissioned research on vCJD risk in the Republic of Ireland.  This concluded that the likelihood of future cases occurring in Ireland from the above sources is extremely small.

To date there have been 229 cases of vCJD worldwide, 3 of which were due to blood transfusion, the rest were probably caused by eating contaminated meat products.  178 of these cases, including the 3 transfusion transmitted cases, were in the UK, 28 in France and 4 in Ireland.

The risk of contracting vCJD through travelling and living in the UK in this period is considered to be low. It should be noted that in the UK where tens of millions of people were potentially exposed to vCJD through eating infected food, there have only been 176 cases of the disease to date.

The first cases of BSE in cattle in the UK were reported in 1986.  Scientists believe the incubation period for the disease in cattle is about five years, so BSE most likely first appeared in cattle around 1980. It is thought that BSE occurred in cattle that were fed meat and bone meal from other animals.

The UK introduced a ban on feeding meat and bone meal to cattle in 1988, and subsequently introduced a series of measures to reduce the risk of humans being exposed to infection.