Medical News

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New Measures Needed to Protect Blood Supply

An Institute of Medicine (IOM) committee recently released a report, *HIV and the Blood Supply: An Analysis of Crisis Decisionmakin*g, that said new measures are needed to allow the nation to respond rapidly when the blood supply is threatened by emerging or unknown infectious diseases. The committee based its findings and recommendations on an in-depth analysis of events in the 1980s that led to contamination of the blood supply by HIV. The problems the committee found indicated inadequate institutional decision making and a failure of leadership in 1983 and 1984 that led to less-than-effective donor screening, weak regulatory action, and insufficient communication to patients about the risks of acquiring HIV infection through the blood supply.

The responsibility for safe blood is shared by many diverse organizations, such as the federal government, community blood banks, blood and plasma collection agencies, blood product manufacturers, and the American Red Cross. "The blood safety system works effectively . . . to check most threats," said committee chair Harold C. Sox, Jr, chair, department of medicine, Dartmouth Medical School, Lebanon, New Hampshire. "But the events of the 1980s put the system under much stress . . . and the system was unable to deal with a threat characterized by risk and uncertainty. No person or agency was able to develop and implement a coordinated strategy, largely because there was no consensus about the magnitude of the threat and the cost, risks, and benefits of proposed remedies."

The committee's recommendations for achieving a more responsive blood safety system include designation of a blood safety director to lead the government's efforts and a blood safety council to assess threats, devise strategies, and ensure cooperation. The report also calls for a surveillance system at the CDC and a tougher regulatory approach by the Food and Drug Administration when little is known about medical risk.

Each year, approximately 4 million patients are transfused approximately 20 million units of whole blood and blood components. Donor screening, blood testing, and treatment procedures have been stepped up significantly since the advent of AIDS. But the committee noted that consumers have scant legal recourse to address financial hardship caused by illness due to contaminated blood. Most states passed blood shield laws in the 1950s and 1960s that protect blood banks and manufacturers from lawsuits, because these groups provide an inherently risky product that is an essential public service. The committee asked the federal government to consider establishing a no-fault compensation system for those who suffer adverse consequences from the use of blood or blood products.

The committee was not asked to review the current safety of the nation's blood supply. The findings do show, however, that while the system is effective in protecting the blood supply from known pathogens, its principal weakness lies in its ability to identify, and guard against, unknown infectious diseases.

The committee made several recommendations to improve the FDA's regulatory process, such as changing the operation of the advisory committees and proposing a series of "triggers" for taking regulatory or other public health actions to protect the safety of the blood and blood products. For example, when a test or treatment makes a product safer, manufacturers should be urged strongly to withdraw immediately all stocks of untested or untreated products.

The study was funded by the US Department of Health and Human Services. The IOM is a private, nonprofit organization that provides health policy advice under a congressional charter granted to the National Academy of Science. The report *HIV and the Blood Supply: An Analysis of Crisis Decisionmakin*g is available from the National Academy Press; telephone (202) 334-3313 or (800) 624-6242. The cost is $48.

FROM: Institute of Medicine. *New Measures Needed to Protect US Blood Supply From Future Threats Posed by Infectious Disease.* July 13, 1995.

Air Quality During Construction

Maintaining a safe environment for patients, personnel, and visitors in a healthcare facility is a challenge during periods of construction and renovation. The conference "Health Care Construction and Indoor Air Quality" will be held on November 2-3, 1995, in Bloomington, Minnesota, to address these issues. Cosponsored by the University of Minnesota, American Hospital Association, and American Institute of Architects, the conference is designed for facility planners and building maintenance operation personnel, infection control practitioners, architects, design engineers, commercial and institutional contractors, certified safety professionals, and industrial hygienists.

The purpose of the conference is to assist participants in balancing the need to provide safe conditions during construction with the need to complete projects within budget and time constraints. Topics will include moisture control, air sampling, safety, integrating control strategies and construction scheduling, and remedial actions for problems encountered.

To obtain a conference brochure or additional information, contact Tracey Benson, University of Minnesota,