



**TRUSTEES REPORT
EXTRACTS - YEAR TO 30 SEPTEMBER 2003**

Significant events

The following detail set out in paragraphs 1, 2 and 3 below is a report of the work of Dr Susan Hall who was awarded a grant from the Foundation over the period under review. The grant holder is Professor David Hall of the School of Health and Related Research, Sheffield University. The items indicated with a * indicate grant-aided activity. The report also covers other scientific activities of the Foundation since these are related to Dr Hall's (unremunerated) position as Chair of its Medical and Scientific Advisory Board (MSAB).

1. Epidemiological surveillance of Reye's Syndrome (RS) and related scientific matters*

Cases of RS Reported

As noted in last year's report, surveillance of RS via the British Paediatric Surveillance Unit ceased in April 2001. However, the arrangements with the Office of National Statistics and The General Register Offices of Northern Ireland and Scotland continued to be maintained throughout the year. Under these, the Offices sent Dr Hall copies of all death entries where RS was mentioned as a cause of death, whatever the age of the subject.

In the financial year 2002/2003, no RS deaths were reported from Scotland and Northern Ireland; for England there were two deaths - a 23 year old male and a 17 year old female. In both of these it was apparent from the information on the death entry that RS was not the primary cause of death which was probably caused by complications of RS, or a Reye-like illness, acquired some time previously.

Work with the Medicines Control Agency (MCA - now the Medicines and Healthcare Products Regulatory Agency (MHRA) and the Committee on Safety of Medicines (CSM),

Background

It was noted in an earlier report that, towards the end of 2001, the CSM had considered reversing its earlier decision not to increase the upper age limit (12 years) on the warning on all aspirin-containing medications. This was at least in part because of representations made by Dr Hall and the Foundation, based on results from the Reye's Syndrome Surveillance Scheme. A new warning was subsequently announced in April 2002 which stated 'do not give to children under 12 unless medically indicated and avoid in children aged up to and including 15 if feverish'. There was modest media coverage but no major public information campaign or indication as to when product labelling would change.

In May 2002 Dr Hall was asked by the MCA to comment on the proposed new warning after she had written to ask when there was to be a publicity campaign and changes to labelling. She pointed out that the plan to delay the campaign until the start of the following influenza season could result in the occurrence of preventable cases of RS in teenagers in the ensuing 6 months or so. Unfortunately the MCA's response was that



1. Epidemiological surveillance of RS and related scientific matters *

Background (continued)

there was concern that an 'immediate' public campaign would cause alarm and have a negative impact on the use of aspirin for important therapeutic indications such as cardiovascular prophylaxis. The MCA considered that alerting medical professionals was sufficient at that time. Dr Hall registered her concern at this approach.

Events in the year under review:-

In October 2002, the CSM decided that the April warning was too complex and modified it to '*do not give to children under 16 years unless on the advice of a doctor*'. This was announced in a press release (which resulted in considerable press and TV coverage of RS and the Foundation) and in the MCA's journal - Current Problems in Pharmacovigilance. The MCA also announced its launch of an 8 week public consultation on a proposal to amend the Medicines for Human Use Regulations 1994, in order to introduce a *legal requirement* for a harmonised warning (the October one above) on all aspirin products about the risk of RS associated with aspirin use. Dr Hall prepared and submitted a response to this consultation in her capacity as consultant epidemiologist responsible for RS surveillance, in collaboration with Mr Richard Lynn, Scientific Officer of the British Paediatric Surveillance Unit; she also assisted in the preparation of the Foundation's response by the Honorary Administrator, Mr Gordon Denney.

The results of this consultation exercise were made public in April 2003. Of 39 replies, 25 supported the proposals, 12 made no comment and only 2 objected - one individual and one pharmaceutical company.

In June 2003 the Amendment Regulations were laid before Parliament, they came into force on 1st October 2003. This now concludes the efforts of Dr Hall, the Foundation and many others to introduce this important public health measure to prevent childhood deaths and disability from RS.

2. Advisory Scientific and Medical Support for the National Reye's Syndrome Foundation

Over the period under review, Dr Hall has advised the Honorary Administrator on a number of issues.

Grant applications:-

i) The previous annual report referred to a grant application from the School of Biomedical Sciences, Queen's Medical College (QMC), Nottingham; to undertake laboratory studies into the causation of RS. In October 2002, following a review of the responses of external referees, Dr Hall wrote to the Hon Administrator to recommend to the trustees that the Foundation should support the project by awarding the £50,000 requested. However, she also advised that the release of the funds should be conditional on the applicants' response to a number of points, for example evidence of local research ethics committee approval. The trustees agreed to make the award under these conditions and the investigators were informed of their decision later that month. One of the investigators wrote to Dr Hall in May 2003 to say that ethics approval confirmation was due within a month and that the project would probably begin in January 2004.



2. Advisory Scientific and Medical Support for the National Reye's Syndrome Foundation

Grant Applications (continued)

i) However, there was no further communication from the investigators in the period under review.*

ii) The previous annual report also referred to a grant application from the *Division of Child Health at QMC*, Nottingham, submitted in July 2002. It had been stimulated by the Workshop (see below) and its purpose was to develop a guideline for the diagnosis, investigation and management of acute encephalopathy, including RS and metabolic disorders presenting as Reye-like illness in childhood. The application was referred by 8 reviewers including Dr Hall and the Foundation's Medical and Scientific Advisory Board.

In October 2002 Dr Hall wrote to the lead investigator - Professor Terence Stephenson - to ask him to respond to the referees' comments. A response was received in January 2003 and on the basis of this Dr Hall wrote to the Honorary Administrator to recommend to the trustees that the Foundation should support the project by awarding £96,000 requested. Following a visit to Nottingham by the Hon. Administrator, the trustees agreed to make this award. A Research Fellow - Dr Richard Bowker - was appointed in September 2003 and the two year project began in November 2003.

Other support:-

This included help with responses to medical queries from members of the public and assistance with an update to the Foundation's leaflets and the website and a contribution to the Foundation's 2003 Newsletter on the history of Dr Hall's association with epidemiological studies of RS and with the Foundation. In addition, regular literature searches for new articles on RS were undertaken, and the Hon Administrator informed about any of interest. Dr Hall is also asked from time to time to referee articles on RS submitted to scientific journals. She also kept Mr Denney informed about progress with a chapter on Aspirin and Reye's Syndrome written by her and Dr John Glasgow for a book entitled "Aspirin and Related Drugs" to be published in 2004.

3. Professional education - Workshop on RS and Reye-like inherited metabolic disorders*

The background, preliminary plans for, and report on this Workshop were outlined in previous Annual Reports, 1999/2000 through to 2001/2002. In summary, its purpose was to bring together epidemiological, clinical, biochemical and pathologist experts in the field of RS and RS-like illness to discuss issues of diagnosis and management which would lead to development of an educational package or formal clinical guideline for front line accident and emergency doctors, paediatricians and intensivists. This would include a contribution to the Advanced Paediatric Life Support course and manual which is taken by all UK paediatricians in training.

Following the Workshop, Professor David Hall and Dr Susan Hall submitted a grant application to the National Reye's Syndrome Foundation for an extension to their previous grant. This was to enable Dr Hall to:



3. Professional education – Workshop on RS and Reye-like inherited metabolic disorders* (continued)

1. Prepare a report on the proceedings of the Workshop based on the edited transcript.
2. Prepare a report for publication, on the 20 years of epidemiological surveillance of RS in the UK and Ireland and maintain ongoing surveillance of RS via death entries (v.s.).
3. Implement permanent storage of the RS database.

After external refereeing, the grant of £11,600 was awarded. It was intended to cover Dr Hall's work (part-time - 1 ½ sessions per week on average) on these projects between 1 June 2002 and 31 May 2003; this was subsequently found to be an overoptimistic estimate of the time required and, with the agreement of the Hon. Administrator, was extended *without alteration to the size of the grant*, to 31 May 2004.

During the year under review, Dr Hall worked on the preparation of the Workshop Proceedings for publication on the Foundation's website. This was a substantial exercise which involved editing nearly 300 pages of transcript of the recording of the meeting (oral presentations plus extensive discussion sessions). Because the subject matter was so complex, the typists had had difficulties at times and much of the editing had to be done in conjunction with the original recordings. In addition, there were written contributions in a variety of formats from 23 participants - ranging in length from 1 to 27 pages - and two PowerPoint presentations, to be incorporated in the text and co-ordinated with each participant's oral presentation. The Proceedings are in seven parts and as the draft of each was completed it was circulated to all participants for comment. A second draft incorporating all the comments was then undertaken. A copy of this second draft was sent to the Nottingham Research Fellow (see above) in October 2003 in order to provide an informative background to the Guideline Project.

Submitted by

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