Advisory Committee on Dangerous Pathogens
Transmissible spongiform encephalopathy agents: safe working and the prevention of infection

Frequently asked questions

Please note, in the following section the "Transmissible Spongiform Encephalopathy agents: safe working and the prevention of infection" guidelines will be referred to as the TSE guidance.

My patient has a history of blood transfusion. Should my patient be considered at increased risk of CJD and/or vCJD?

A number of patients have been identified as “at increased risk” of vCJD because of their transfusion history. Around 140 individuals have a direct link/association with someone who developed vCJD, through the donation of blood to or receipt of blood from them; these individuals have been informed about this risk. In addition, a larger group of individuals are defined as being at increased risk because they have received blood or blood components from a large number of blood donors during the course of their treatment. Current risk assessments ([1]Department of Health, 2013) estimate that where an individual has been exposed to around 300 or more blood donors since January 1990, public health precautions, including those for surgical and endoscopic instruments, should be followed. It is acknowledged that it may not be easy to establish from an individual’s records exactly how many donors have provided blood or blood products for an individual so the 300 figure should be used as a guide not an exact figure to indicate whether they should be considered at increased risk.

My patient has told me that he/she has received large quantities of donated blood. Should my patient be considered at increased risk of CJD and/or vCJD?
A number of patients have been identified as “at increased risk” of CJD or vCJD including people who have been designated because of their transfusion history. This definition only concerns those who have received blood or blood components from 300 or more donors since January 1990. It is acknowledged that it may not be

[1] https://www.gov.uk/government/publications/vcjd-and-transfusion-of-blood-components-updated-risk-assessment

easy to establish from an individual's records exactly how much blood an individual has received so the 300 figure should be used as a guide not an exact figure to indicate whether they should be considered at increased risk.

My patient has told me that he/she has received hormone treatment. Should my patient be considered at increased risk of CJD and/or vCJD?

Only recipients of human pituitary-derived hormone treatment, for example with growth hormone or gonadotrophin, should be regarded as at increased risk of sporadic CJD (see details in Table 4a of Part 4 of the TSE guidance). Recipients of synthetic hormone treatment are not at risk of either sporadic CJD or vCJD.

The date and place of treatment is important in determining whether the hormone was human-derived or synthetic. In the UK, the use of human pituitary-derived gonadotrophin was discontinued in 1973 and the use of human pituitary-derived growth hormone was discontinued in 1985. However human-derived products may have continued to be used in other countries after these dates.

As it is unlikely that human pituitary-derived growth hormone would have contained the vCJD infectious agent, recipients should not be considered at increased risk of vCJD.

My patient received a human-derived dura mater graft – should he/she be considered at increased risk of all forms of CJD including vCJD?

Patients who received a graft of human-derived dura mater before August 1992 (when the use of these grafts was discontinued in the UK) are at increased risk of sporadic CJD, but not vCJD.

This difference in risk has implications for patient management, in particular gastrointestinal endoscopy, due to the difference in tissue infectivities in the gastrointestinal tract in CJD and vCJD cases. Annex F of the TSE guidance gives advice on endoscopes and CJD/vCJD infection prevention and control.

How can I ensure all my patients are effectively assessed before surgery to identify patients with, or at increased risk of, CJD/vCJD?

Guidance on assessment to be carried before surgery or endoscopy, to identify patients with or at increased risk of CJD/vCJD, can be found in Annex J of the TSE guidance.

This advises that all patients coming in for any surgery or endoscopy should be asked if they have been informed that they are at increased risk of CJD/vCJD.

Additionally, those patients coming in for high risk surgical or endoscopy procedures (neurosurgery, neuroendoscopy or posterior ophthalmic surgery) should be asked specific questions to determine whether they are at increased risk of CJD/vCJD.

Where can I find advice on endoscopes and CJD/vCJD infection prevention and control?

Advice on endoscopes and CJD/vCJD infection prevention and control is given in Annex F of the TSE guidance and the accompanying Consensus Statement between the British Society of Gastroenterology Decontamination Working Group and the ACDP TSE Working Group Endoscopy and vCJD Subgroup. This Annex contains a list of endoscopic procedures and their categorisation as 'invasive' or 'non-invasive'. This categorisation has implications for the consequent management of the instruments used during the procedure.

Please note: if a patient has, or is at increased risk of, sporadic or genetic CJD, special precautions do not need to be taken for gastrointestinal endoscopy. Special precautions only need to be taken for gastrointestinal endoscopy for patients with, or at increased risk of, vCJD. This is because of the difference in tissue infectivities in the gastrointestinal tract in CJD and vCJD cases.

Where can I find advice on dialysis and CJD/vCJD infection prevention and control?

Guidance on dialysis and CJD/vCJD will be included in the updated Annex G of the TSE guidance that will be published in due course. Please check back to the TSE Guidelines webpage to see if the guidance has been published or alternatively contact the secretariat, asking for an email alert when this annex is published. If you have an urgent query then please contact the ACDP Secretariat.

Where can I find advice on ophthalmology and CJD/vCJD infection prevention and control?

There are a number of guidance documents issued by professional bodies that give advice on ophthalmology and CJD/vCJD.

Guidance from the ACDP TSE Working Group on ophthalmology and CJD/vCJD will be published later in 2009 as a new annex of the TSE guidance. Please check back to the TSE Guidelines webpage to see if the guidance has been published or alternatively contact the secretariat, asking for an email alert when this annex is published. If you have an urgent query then please contact the ACDP Secretariat.

Where can I find advice on dentistry and CJD/vCJD infection prevention and control?

The Chief Dental Officer has written twice to dentists on the issue of dental treatment of patients with, or at risk of, CJD. The key points are as follows:

Letter from Chief Dental Officer to dentists in 2005:
http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_4102752

This letter states that the clinical care – including dental care – of patients with or at risk of CJD/vCJD, should not be compromised in any way, and that patients are not refused routine dental treatment.

Letter from Chief Dental Officer to dentists in 2007:
http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_074001

This letter clarifies the situation with regard to decontamination and re-use of instruments, especially those used in endodontic treatment, in the context of vCJD. It contains revised advice that dentists are expected to follow. Dentists are advised to ensure that:

- Endodontic reamers and files are treated as single use
- The highest standards of decontamination are observed for all dental instruments
- Manufacturers' decontamination instructions are followed for all instruments, and where instruments are difficult to clean, single use instruments should be used wherever possible

The CJD Incidents Panel also issued an advice note in 2006 on dental treatment on patients with, or at risk of, CJD/vCJD:
http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1211788871050

Where can I find advice on anaesthesia and CJD/vCJD infection prevention and control?

The Association of Anaesthetists of Great Britain and Ireland (AAGBI) have recently published an update to their 2002 guidance "Infection prevention and control in Anaesthesia" which includes a section on prion diseases. This guidance can be found here: http://www.aagbi.org/publications/guidelines/docs/infection_control_08.pdf

Where can I find advice on decontamination and CJD/vCJD?

Annex C of the TSE guidance provides advice on decontamination. This Annex is currently being updated by the ACDP TSE Working Group, and it is hoped that this updated Annex will be published shortly.

The Engineering and Science Advisory Committee into the decontamination of surgical instruments including prion removal (ESAC-Pr) published a report in 2006 entitled "The decontamination of surgical instruments with special attention to the removal of proteins: and inactivation of any contaminating human prions". This can be found here: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_072443

ESAC-Pr have also published a report on prion inactivating agents, written by their New Technologies Working Group. This can be found here: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_086805

It is important that, until the efficacy of products and technologies claiming to remove/inactivate prion protein from contaminated medical devices in laboratory and clinical practice is established fully against human prions, clinicians and laboratory managers should ensure that the current ACDP TSE guidelines are followed.