

**"Fw: visit to Edinburgh"**

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**Ailsa Wight**

27/06/2007 14:37

Noterman/CQEG/DOH/GB **GRO-C**

To: Mark

cc:

bcc:

Subject: Fw: visit to

Edinburgh

Mark

Re: the first point, in your absence and as the letter went from me, I contacted CJDSU - Richard was away but will phone me back. I think he's waiting for Alan Hunter to come back from leave next week, before replying.

Dr Ailsa Wight  
 Head of Programme  
 Infectious Diseases and Blood Policy  
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 London SE1  
 SE1 8UG

**GRO-C**

----- Forwarded by Ailsa Wight/PH6/DOH/GB on 27/06/2007 14:34 -----

**Ailsa Wight**

26/06/2007 20:46

<Mark.Noterman@**GRO-C**

To: "Mark Noterman"

cc:

bcc:

Edinburgh

Subject: Fw: visit to

Mark

Can you check with them about the annual report arrangements please? I've not heard anything in response to my letter about peer review.

Also, can you tell me if any response to the letters to Gill Turner and HBSE about service given by the two units?

Thanks

Message sent from a Blackberry handheld device.

Ailsa Wight

**From:** Ailsa Wight  
**Sent:** 26/06/2007 20:38  
**To:** Elizabeth Woodeson; Mark Noterman  
**Subject:** Re: visit to Edinburgh

Indeed, and seems all correct to me. Thanks

Message sent from a Blackberry handheld device.

Elizabeth Woodeson

**From:** Elizabeth Woodeson  
**Sent:** 26/06/2007 19:18  
**To:** Ailsa Wight; Mark Noterman  
**Subject:** visit to Edinburgh

Dear Ailsa / Mark

I had a really interesting visit to the Edinburgh CJD surveillance unit last week. They are really positive and seemed to be running a very impressive unit.

I learnt a few things I didn't know. I thought it might be worth just summarising them here - just in case I misunderstood what they were saying - in which case please correct me!

- sporadic CJD is also transmissible (I had thought it was only vCJD that could be passed on)
- a possible cause of sporadic CJD cases is infection via surgery
- that 95%-98% of vCJD cases can be seen in an MRI of the brain - and are clearly distinguishable from sporadic CJD
- that a tonsil biopsy would not form the basis of a reliable diagnostic test for vCJD as the abnormal prion protein is not always present in the tonsils of a person with subclinical or clinical vCJD
- half the people who are referred to them as suspect CJD cases turn out not to have CJD after all
- the average age of vCJD cases has not changed (whereas you would have expected it to be going up because of the dietary controls introduced in the 90s). This suggests that there must be some age related susceptibility
- in their view a self sustaining epidemic from blood is very unlikely because in general blood donors tend to be young people and recipients tend to be older people with (sadly) short life expectancies

- their research on dental tissue four years ago showed abnormal prion proteins were only present in tonsil, not other dental tissues, in complete contrast to the Porton mice experiments (so they were very surprised by the latter)

Hope you find this interesting.

Liz Woodeson  
Director of Health Protection

Room 170  
Richmond House

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