CMO STATEMENT ON CJD

CJD and human transmission

Today we are publishing the latest figures from the National CJD Surveillance Unit which show that the total number of deaths in definite and probable CJD cases in the UK up to 31 August which shows that the total number of deaths from nvCJD remains at 20. There is a further patient in whom the disease has been confirmed making a total of 21 cases in all. The figures also show the number of referrals to the unit of all cases in which any form of CJD is suspected, the figure to the end of August is 86 which in is line with the number of referrals in earlier years. There is no sign of any upward trend in referrals.

Two studies were published in Nature last week. SEAC have considered the results of these studies and concluded that they provide convincing evidence that the agent which causes BSE is the same as that which causes nvCJD. SEAC considered whether any further action was needed now to protect human health and concluded that no new measures were needed. The studies tell us nothing about how the patients who developed the disease contracted it but these developments raise a number of important public health questions which we are already actively addressing in the following ways.

First the national CJD Surveillance Unit whose fifth annual report was recently published continues to monitor all suspected cases of CJD in the UK. The Unit carries out epidemiological analysis to detect any changes in the pattern of disease. It also collects a full medical and dietary history of patients to look for any common factors. The Unit's surveillance is internationally recognised and we have every confidence that all cases of suspected CJD are referred to them.

Secondly in November 1996 the Government published a strategy for research and development relating to human health aspects of TSEs. Further work is being done to extend and develop this strategy which is monitored by a high level committee chaired by the Head of the Home Civil Service. The Government has spent some £50 million on TSE research over the last 5 years and has allocated a total of around £68million over the next three years to this. Among the work being put in hand are further studies of the transmissibility of nvCJD and the development of early screening tests.

Thirdly I recently announced the setting of a new subgroup chaired by Professor Peter Smith to report jointly to SEAC and to me to consider the epidemiology of

nvCJD and to develop as far as possible advice on trends in the disease. I also regularly meet with officials and outside experts to discuss human spongiform encephalopathies.

One important question is whether nvCJD can be transmitted from person to person and this is of particular interest where blood and blood products are concerned. There is some evidence that under experimental conditions it may be possible to transmit TSEs in animals through blood, but only by intra-cerebral injection. There is no epidemiological evidence to suggest that classic CJD has been transmitted between humans through blood transfusions or the use of blood products. However we do not know whether the same will apply to nvCJD. Three confirmed and one suspected nvCJD patients have given blood and the Surveillance Unit are following this up.

It will be some considerable time before we have sufficient scientific data on nvCJD to be able answer questions like these. Meantime the most important point to bear in mind is this. Blood and blood products are only given to patients who have a serious clinical - and in many cases very urgent - need for them for their clinical care. Any negligible risk of nvCJD transmission is therefore heavily outweighed by the immediate benefit to the patient of the medical treatment. For many that will mean saving their life. As well as the research we already have in hand on transmissibility and diagnostic tests, strict blood donor selection criteria are used to exclude potential donors who may be at risk of developing CJD.

The safety of blood and blood products has been considered on several occasions by SEAC and also by WHO, Council of Europe, CPMP and MSBT. All have concluded that any risk of contracting CJD through blood or blood derivatives is negligible. In keeping with our European partners and CPMP advice we have not withdrawn blood products where one of the contributing donors has developed CJD. However the Government will take any further measures which become scientifically necessary to safeguard the integrity of our supply of blood and blood products.

Finally may I assure all donors and would be donors that there is no risk of contracting CJD through giving blood. I would also like to take this opportunity to assure all blood donors that their gift of blood is a very precious one which is invaluable to the work of the Health Service and vital to the health of a huge number of patients.

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