



Actions to be taken by GPs for each individual identified as 'at-risk of vCJD for public health purposes' due to having received a blood transfusion from a donor who also donated blood to a patient who later developed vCJD.

The CJD Incidents Panel recommends that each recipient of blood from a donor to a vCJD case where the implied risk is well above 1% is contacted and informed of their identified increased risk of vCJD infection and asked to take special precautions to reduce any possible risk of further transmission of vCJD.

The GPs of these patients are asked to do the following:

If you are notifying your patient:

1. As advised by the Blood Service, inform your patient using the approach you consider appropriate, ensuring that they receive a copy of the 'Information for Patients'. If you are notifying your patient in a face-to-face consultation or by telephone, it may still be helpful for them to receive a letter from you confirming the information given.

If the Blood Service is notifying your patient:

2. Ensure your patient has received the letter from the Blood Service and a copy of the 'Information for Patients'.

In all cases:

3. Provide your patient with help and information in relation to this notification as required – passing on queries not addressed by the enclosed documents to your local Health Protection Unit, the Blood Service or others.
4. Ensure that your patient understands they have been asked to take the following public health precautions:
 - not to donate blood, tissues or organs
 - to inform people providing their medical, surgical or dental treatment so any special procedures recommended for the instruments used in their care can be arranged, and to consider informing their family in case emergency surgery is needed in the future.

Patients are asked to inform dentists about their 'at-risk' status so that dentists can ensure decontamination procedures are satisfactory and in case they refer them for head or neck surgery that could involve contact with medium- or high-infectivity tissues. This advice will be reviewed in the light of any new scientific evidence on infectivity in human dental tissues.

Patients can be reassured that their care should not be affected in any way.



5. Ensure that:

- the patient's status as 'at-risk of vCJD for public health purposes' due to being a recipient of blood from a donor to a vCJD case is recorded in the patient's primary care record. (The Panel advises that this should only be done once the patient is aware of their 'at-risk' status.);
- this information is included in any referral letters should the patient require certain surgery or other invasive medical procedures (indicating the need to follow the guidance on infection control published by the ACDP TSE Working Group:
<http://www.advisorybodies.doh.gov.uk/acdp/tseguidance/Index.htm>. NB: This guidance will be revised imminently to expressly include this group of patients.)

6. Check to see if the patient has:

- a) ever donated organs or tissues (including sperm and breast-milk) since their transfusion, or
- b) undergone any surgery or other invasive medical procedures either in primary care or hospital in the past 12 months,
and record these details on the attached form to be returned to the CCDC for this case (details on form).

7. If the patient has died, carry out action number 6 above.

To assist with these actions the following documents are provided:

- Information for Patients. (Your patient should have received this with their letter from the Blood Service, if being notified by the Blood Service.)
 - Information for Clinicians. (This information may be passed to patients, if you consider this helpful and appropriate.)
 - vCJD and Blood Transfusion – GP report form. (Please use this to record details of the patient notification and of the patient's relevant history, and return this to your CCDC in the accompanying stamped addressed envelope.)
8. The CJD Section at HPA Centre for Infections may send you further information regarding your patient's risk for vCJD if this should change in the future. In order to expedite any future communications, please would you let Dr Nicky Connor (cjd@ **GRO- C**), tel: **GRO- C**) know if your patient moves away from your practice.

Thank you for your help.

If you have queries about these public health measures, further details can be found via http://www.hpa.org.uk/infections/topics_az/cjd/menu.htm

**Variant Creutzfeldt-Jakob Disease (vCJD) and Blood Transfusion
GP report form**

IN MEDICAL CONFIDENCE

Patient details:			
ID Number	[ID Number]		
Name	[forename, surname]		
Date of birth	[date of birth]		
Date of transfusion	[date of birth]		
What is the health status of your patient?			
Has your patient received the NBS notification and the patient information sheet?	YES/NO <i>(please delete as appropriate)</i>		
Did you see or speak to your patient in person? If yes, on which date? Any comments?	YES/NO <i>(please delete as appropriate)</i>		
Please record the date, description and location of any invasive healthcare procedures in previous 12 months*	Date	Location	Procedure
<p>* Note: Immediate quarantine of instruments that are within 10-20 cycles of use/decontamination should be considered. Please consult Health Protection Unit of HPA with any queries.</p>			
			<i>(Please continue overleaf if required)</i>
Please record the date and description of any donations of tissues/organs or blood by your patient since their transfusion (date as above)	Date	Details	
Any comments?			
Form completed by:			
GP name, address and telephone number	[GP title, forename, surname GP address GP telephone number]		
Date completed			
Please send completed form to:			
CCDC name, address and telephone number	[CCDC title, forename, surname HPU name CCDC address CCDC telephone number] <i>(stamped addressed envelope enclosed)</i>		

CORRESPONDENCE/
EMAILS