

DEPARTMENT OF HEALTH
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CJD DEATHS IN LINE WITH LEVELS WORLDWIDE

CJD SURVEILLANCE UNIT FOURTH ANNUAL REPORT

Deaths from CJD - Creutzfeldt-Jakob Disease - remain at similar levels to other countries in Europe and elsewhere in the world according to a report out today. The fourth annual report of the Creutzfeldt-Jakob Disease (CJD) Surveillance Unit in Edinburgh shows that:

CJD in the UK rose last year - from 42 cases to 55, slightly above the 1992 peak of 51 cases. It remains at a similar rate to other countries worldwide, including those without BSE.

the work of the Unit may have led to greater identification of cases, especially in elderly patients - making it clearer why rates of CJD have been rising. This mirrors the experience of other countries who monitor the disease.

a study of the jobs of people with CJD provides no conclusive evidence of a link between working with animals or animal products.

a study of the eating habits of people with CJD showed some statistical associations with the eating of various meat products - but no causal link has been found. The report stresses that these apparent associations are based on a very small sample subject to bias, and should be treated with great caution.

The Unit is conducting a long-term study to identify any changes in the pattern of CJD since the emergence of BSE. To date, no such changes have been detected.

The report has been considered carefully by the independent Spongiform Encephalopathy Advisory Committee (SEAC) chaired by Dr David Tyrrell. The Committee commented:

"We welcome the publication of the fourth annual report of the UK CJD Surveillance Unit which gives a lucid account of the Unit's interim findings.

We are reassured that there continues to be no evidence of an emerging CJD epidemic. The apparent rise in incidence of CJD cases in the UK appears to be mainly due to increased ascertainment. This is inevitable when intensive monitoring of a disease is undertaken. Other countries which monitor CJD have experienced similar increases, including countries with no history of BSE.

As with last year's report, there is no strong evidence of changes in the geographical distribution of CJD and no conclusive evidence that particular occupations, such as farming, carry an increased risk of developing the disease.

The dietary study has again proved difficult to interpret, revealing, as it does, a range of statistical associations between the consumption of various meats and risk of CJD. We note, however, that the strong statistical association between regular veal consumption and CJD in last year's report has not re-emerged to any significant extent in the present analysis. This illustrates the problems inherent in interpreting this type of study which, being in its early

years, is based on small numbers of cases and is potentially subject to response bias. It is therefore not possible to draw conclusions on the basis of the findings to date. Continued analysis of dietary factors in relation to CJD is, however, essential.

We have no further recommendations to make to Government on the basis of the report and remain satisfied with the adequacy of current controls to protect public health in regard to CJD."

In the light of the conclusions reached in the report and the Committee's clear statement, the Chief Medical Officer, Dr Kenneth Calman said "I continue to be satisfied that there is currently no scientific evidence of a link between meat eating and development of CJD and that beef and other meats are safe to eat. However, in view of the long incubation period of CJD, it is important that the Unit continues its careful surveillance of CJD for some years to come."

NOTE TO EDITORS

Copies of the report are available free from Bill Jobson, Department of Health, Room 601A, Skipton House, 80 London Road, London SE1 6LW.