

# CJD INCIDENTS PANEL

November 2005

## **Assessment of the risk of variant Creutzfeldt-Jakob disease (vCJD) due to receipt of blood from a donor who also donated blood to a patient who later developed vCJD**

### **Recommendations of the CJD Incidents Panel**

This note outlines the key recommendations of the CJD Incidents Panel (the Panel)<sup>1</sup> for the assessment and management of individuals who have been transfused with blood from a donor who also donated blood to a patient who later developed vCJD. Specifically, the Panel considered whether these other recipients should be regarded as 'at-risk of vCJD for public health purposes', and therefore subject to certain precautions to minimise any risk of infecting other patients.

These Panel recommendations are based on:

- i) A risk assessment carried out by the Department of Health's Standards and Quality Analytical Team.  
(<http://www.dh.gov.uk/assetRoot/04/11/53/12/04115312.pdf>)
- ii) Further analysis by the Standards and Quality Analytical Team of the implications for other recipients from donors to vCJD cases.
- iii) Review by Panel members of the implications of the available information for public health.

The risk assessment provides a method for calculating the chance of a blood donor being the source of vCJD infection, given that a recipient has been found to have vCJD. All such calculations are subject to a good deal of uncertainty, as much remains to be known about vCJD itself.

The Panel has previously (July 2005) determined that donors to vCJD cases should be considered as 'at-risk of vCJD for public health purposes' unless the probability of being infected with vCJD (implied by donation to a vCJD case) is clearly below 1%. (For further details on the assessment of donors, please see 'Recommendations of the CJD Incidents Panel' concerning recommendations for the assessment of donors to vCJD cases.)

The Panel has now made the following **recommendations concerning the other recipients of blood from donors who also donated blood to a patient who later developed vCJD:**

- Where the implied risk for each recipient is well above 1%, the Panel advises that the individuals should be traced, informed of their potential exposure to vCJD and considered as 'at-risk of vCJD for public health purposes'. These individuals should be asked to take the following precautions to protect the health of others:
  - **Not to donate blood (although already excluded from donating blood by the UK Blood Services current donor selection guideline that excludes previously transfused individuals);**
  - **Not to donate organs or tissues;**
  - **To tell whoever is treating them before they undergo medical, surgical or dental treatment, so they can then arrange any special procedures for the instruments used in their healthcare<sup>2</sup>;**
  - **To consider telling their family about all the above points. This is so that the family could pass on the information to doctors if the donor needed medical care**

**in the future but was unable to pass on the information. (For example, this might happen if the donor needed emergency care following an accident).**

- Recipients should only be informed of their potential exposure if the Panel is assured of their correct identification from medical records. The Panel recommends this can be assured only by finding confirmation of the unit number transfused in the patient's notes.

The use of a 1% threshold in the assessment of these recipients risk status is based on a) consistency with thresholds used for other assessments of individuals at increased risk of vCJD (e.g. patients exposed to potentially-contaminated surgical instruments or plasma products), and b) the Panel's opinion that on the basis of current knowledge, this threshold results in an appropriate response to the situation under assessment. That is, it provides a balance between protecting other patients from any potential risk of vCJD being passed on and causing alarm to individuals to be considered as 'at-risk' of being infected. This threshold is a guide for implementing special public health precautions to limit any possible human-to-human transmission of vCJD. The risk assessment concerns only the chance of a transfusion recipient being infected, not the chance of their developing symptoms of vCJD. Even if a recipient is infected, it is possible that they will never develop the disease. The risk of doing so is unknown. However, an infected recipient may pose a risk to others via secondary transmission (e.g. surgery), even if they do not show vCJD symptoms themselves.

Neither the threshold, nor the exact risk estimate value for any individual recipient, should be considered useful as an indicator of a recipient's risk of developing vCJD. This risk is unknown.

**The clinical care of individuals identified as 'at-risk' due to having received blood from a donor to a vCJD case should not be compromised in any way.**

Mr David Pryer  
Chairman  
CJD Incidents Panel

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<sup>1</sup> The CJD Incidents Panel ([http://www.hpa.org.uk/infections/topics\\_az/cjd/incidents\\_panel.htm](http://www.hpa.org.uk/infections/topics_az/cjd/incidents_panel.htm)) is an expert committee established on behalf of the UK Chief Medical Officers in 2000. Its terms of reference include:

'To assist all those bodies responsible for the provision and delivery of healthcare to decide on the most appropriate action to take to handle incidents involving potential transmission of Creutzfeldt-Jakob Disease (CJD) and variant CJD (vCJD) between patients through clinical interventions, including via surgical instruments, tissues, organs and blood and to keep the relevant devolved administrations informed.

To consider what information should be collected on patients who may have been exposed; advise on what studies or follow-up may be needed; advise Directors of Public Health on patient tracing and notification exercises where these are indicated; and advise on whether any other measures are needed to protect the wider public health.'

<sup>2</sup> Transmissible spongiform encephalopathy agents: safe working and the prevention of infection. Guidance from the Advisory Committee on Dangerous Pathogens and the Spongiform Encephalopathy Advisory Committee <http://www.advisorybodies.doh.gov.uk/acdp/tseguidance/index.htm>