

Public Health Policy Unit
St. Andrew's House
Edinburgh EH1 3DG
6th July 1998
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Dear Colleague

**ADVISORY COMMITTEE ON DANGEROUS
PATHOGENS (ACDP)/SPONGIFORM
ENCEPHALOPATHY ADVISORY COMMITTEE (SEAC)
GUIDANCE - "TRANSMISSIBLE SPONGIFORM
ENCEPHALOPATHY AGENTS: SAFE WORKING AND
THE PREVENTION OF INFECTION"**

Summary

1. This letter draws to your attention the above guidance, prepared by a joint Working Group of the Advisory Committee on Dangerous Pathogens (ACDP) and the Spongiform Encephalopathy Advisory Committee (SEAC).

Action

2. Board General Managers and Trust Chief Executives are asked to ensure that all appropriate managers and staff are aware of the ACDP guidance, specifically those with responsibility for infection control and those responsible for the re-processing of medical devices within your organisation. Relevant professional bodies will also be sent copies of the guidance, ie Royal College of Physicians of Edinburgh, Royal College of Physicians and Surgeons of Glasgow, Scottish Affairs Committee Royal College of Pathologists, and also Consultants in Public Health Medicine. The full text of the guidance will be posted on The Stationery Office web site, (address www.official-documents.co.uk).

3. Copies of the guidance are available from The Stationery Office bookshops, priced at £10.00 per copy. Reference number ISBN 0-11-322166-5 should be quoted when ordering copies.

Background

4. The joint ACDP/SEAC Working Group's remit was to consider the risks from exposure to TSE agents that may arise as a result of work activities, and to provide advice on the minimisation of such risks and other related matters.

Addressees

For action:

General Managers, Health Boards
Chief Executives, NHS Trusts
General Manager, CSA

For information:

Medical Directors of Trusts
Directors of Public Health, Health
Boards
Chief Area Nursing Officers, Health
Boards
Director, SCIEH
Chief Executive, HEBS
General Manager, State Hospitals
Board for Scotland
Executive Director, SCPMDE

Enquiries to:

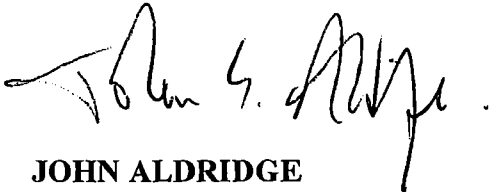
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5. Following the identification of new variant CJD (nvCJD) in March 1996, and the suggested link with BSE, the joint Working Group have carried out a thorough revision of the ACDP's 1994 guidance for laboratory workers and others on "Precautions for work with human and animal Transmissible Spongiform Encephalopathies". The recently published new guidance is the result of that review, and replaces the 1994 guidance. It also replaces earlier Department of Health guidance contained in DA(81)22 and DA(84)16 "The management of patients with spongiform encephalopathy (Creutzfeldt-Jakob Disease CJD)", 1981 and 1984, and PL(92)CO/4 "Neuro and ophthalmic surgery procedures on patients with or suspected to have, or at risk of developing CJD or GSS", 1992.

6. The new guidance recognises the various uncertainties surrounding this subject, such as routes of infection, infectious dose and the potential number of people who may be incubating nvCJD, as well as the differences between classical CJD and nvCJD. The implications of those differences will need to be re-assessed as more information becomes available.

Yours sincerely

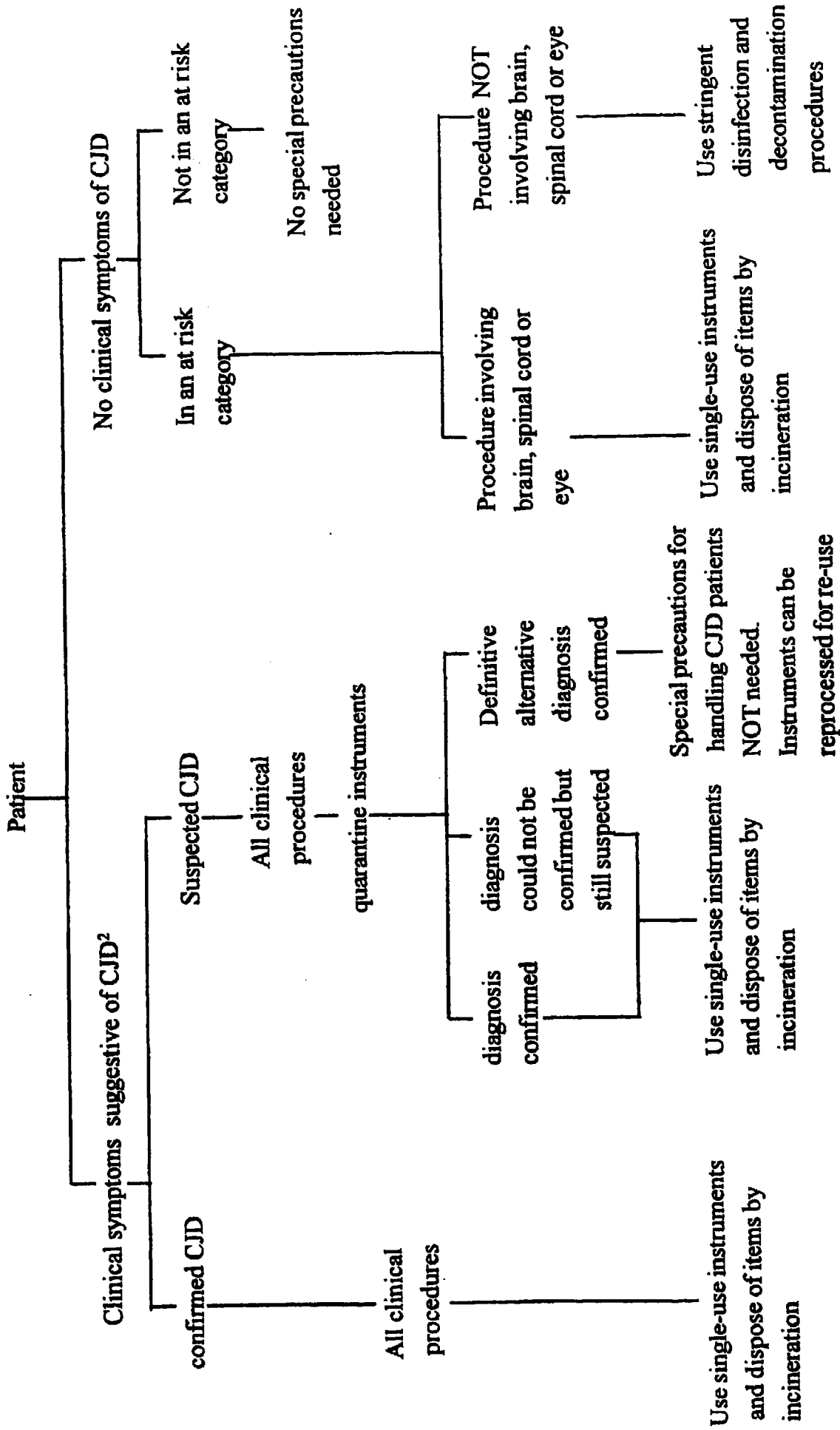
A handwritten signature in black ink, appearing to read "John G. Aldridge". The signature is written in a cursive, somewhat stylized script.

JOHN ALDRIDGE

CONTENT OF THE GUIDANCE

1. The new guidance is particularly aimed at all healthcare workers, pathologists and others involved in the control of infection at work and in the community, and those involved in laboratory work with agents of TSEs.
2. It is presented in four sections and two Annexes:
 - Part 1 - Background and Introduction - a summary of the unique features of TSEs that are relevant to occupational exposure;
 - Part 2 - Hazards and risks associated with workplace exposure to TSE agents - information on the hazards and risks associated with TSEs in the workplace, and on the known distribution of infectivity in various tissues;
 - Part 3 - Containment and control measures for experimental laboratory work with TSE agents, materials and infected animals;
 - Part 4 - Infection control of CJD and related disorders in the healthcare setting in relation to both staff and other patients;
 - Annex 1 - Distribution of TSE infectivity in tissues and body fluids;
 - Annex 2 - Cleaning, decontamination and waste disposal.
3. Recipients of this letter may find the information contained in Part 4 and Annex 2 of particular relevance in carrying out their work. The guidance provides advice on controlling the risk of infection in hospitals from classical CJD and nvCJD. Uncertainty about the numbers of cases of nvCJD has raised concerns about hospital infection control procedures and safe working in clinical settings. These concerns are addressed in this guidance, which now makes a distinction between patients with clinical symptoms (“known or suspect” patients) and those without clinical symptoms (“at risk” patients) as set out in the attached algorithm.

Algorithm chart for precautions for clinical procedures on known, suspect or at risk¹ patients



¹ as defined in Table 4. ² includes vCJD, GSS, FFI and kuru