



## **Information for Health Care Professionals relating to Infection Control Guidelines for Classical Creutzfeldt-Jakob disease (cCJD) and other prion diseases**

If you are involved with the care of a patient with suspected CJD or a patient who is at 'increased risk of developing CJD' there is no need for any protective clothing. CJD is a transmissible disease not an infectious disease. No additional precautions are needed for the day to day care of the patient and routine reprocessing will apply for instruments used in any procedures that do not involve high-infectivity tissue.

Health Care Professionals involved in the care of an 'at risk of CJD' patient who requires a surgical procedure should immediately contact the infection control nurse or consultant for advice.

A copy of the infection Control Guidelines for CJD can be downloaded here <http://www.cjdsupport.org.au/docs/chapter31.pdf>

Further clarification can be obtained by contacting the Australian National CJD Registry (ANCJDR) 03 8344 1949.

- If the surgery or procedure does not involve high infectivity tissue ie brain, dura mater, Pituitary gland, spinal cord, Posterior eye (including retina, vitreous humour and optic nerve) then standard precautions will apply for the sterilisation of instruments involved in the procedure.
- If you are treating a patient who is at low or high risk of developing CJD, and the procedure **does** involve high infectivity tissue, then instruments used during the procedure may need to be quarantined for use of that patient only or destroyed. Consult your infection control consultant or contact the ANCJDR for further advice.
- If an 'at risk of CJD' patient is having an endoscope procedure then standard precautions apply unless the procedure involves a ventriculoscope. When used on a low or high risk patient a ventriculoscopes must be destroyed or kept for your exclusive use of that patient. All other endoscopes may be processed using routine reprocessing. Refer Infection control guidelines.
- For all routine dental procedures instruments used can be routinely reprocessed. Routine dental treatment includes filling or cleaning of teeth, root canal treatment and tooth extractions. If however, your patient requires major dental surgery you should refer to the Infection control guidelines or contact the Australian Dental Association or the ANCJDR for more advice.

Disclosing risk can be stressful for many people so it is important that the patient feels comfortable and not discriminated against. Disclosure is a moral obligation not a legal obligation and if they are made to feel stigmatised they may be reluctant to disclose their risk next time.

### **Being at risk of CJD does not mean that the patient has CJD!!**

Classical CJD is the human form of prion disease or Transmissible Spongiform encephalopathies (TSE) which occurs at approximately one person per million per head of population each year. This relates to about 20 – 30 cases a year in Australia.

Classical CJD, which includes sporadic, genetic and Iatrogenic, or medically acquired CJD should never be referred to as 'Mad Cow Disease'.

'Mad Cow Disease' is the media name for variant CJD, which is a form of prion disease acquired through the consumption of contaminated beef products. There have been no recorded cases of variant CJD in Australia.

If a patient is unsure of their risk status or require any support or assistance please refer them to the CJD Support Group Network for assistance.

**For more information please consult our brochure 'What is CJD' or call our toll free national helpline on 1800 052466.**