

***EXECUTIVE SUMMARY*** OF  
REPORT OF THE  
CONSENSUS WORKSHOP

**Creutzfeldt-Jakob Disease:  
Preventing Transmission in the Health  
Care Setting**

**Implementing the Infection Control  
Guidelines**

*Version 8*

"As a consumer, what's important to me is knowing that people in health services are not being negligent with issues like CJD. Transparency is really important, and when something has gone wrong, to have that honesty to the public, and to know that whatever procedures are undertaken, health care workers are not being negligent or cutting corners to reduce costs – it's good to know that."

## **EXECUTIVE SUMMARY**

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Creutzfeldt-Jakob Disease (CJD) is a unique disease that, despite its rarity, causes significant community concern. It may be difficult to diagnose, may be transmitted from person to person in the course of medical treatment, and challenges some of the conventional infection control wisdoms. CJD is resistant to all of the conventional cleaning, disinfection and sterilisation methods that are routinely used for medical equipment.

Australian guidelines for preventing the transmission of CJD in health care establishments were first published by the National Health and Medical Research Council in December 1995. Since then they have been extensively revised and updated. The Department of Health Ageing published revised guidelines in June 2004. Given the rarity of CJD, there are few opportunities to test the CJD guidelines in a practical setting – yet it is only through the application of the guidelines that challenges to implementing them are identified. Recent events in Victoria have highlighted this, raising issues that those working in the clinical setting are struggling with and ultimately leading to the convening of the CJD Consensus Workshop, held in Melbourne on 26 November 2004.

The goal of the Consensus Workshop was to develop a clear, reasonable and achievable approach to implementing the guidelines. The Workshop covered three broad areas: risk assessment and screening; cleaning, disinfection and sterilisation of instruments and equipment; and adverse event management. More importantly, the Consensus Workshop process is intended to build community confidence that everything possible is being done to prevent exposures, and that the risk of transmission of CJD in the Victorian health care system is, in fact, immeasurably low.

This document summarises the materials presented at the Consensus Workshop, and the discussions that resulted. The introductory material in each section is drawn from the discussion paper distributed to participants before the workshop. It is intended that this document will be used by hospital managers, infection control, operating room and sterilisation services staff and will be used to assist in the development of local practices and processes intended to reduce the risk of CJD transmission. The document should be read as a supplement to the Australian Guidelines.

## Recommendations

### Identification of CJD risk

1. That a standardised approach to identifying CJD risk be introduced for all patients undergoing elective surgery involving potentially high infectivity tissues. Groups for CJD risk assessment would include those undergoing neurosurgery, spinal surgery, posterior eye surgery, pituitary surgery and complex dental surgery. The responsibility for risk assessment resides with the surgeon responsible for the planned surgery.
2. That a risk assessment should include the following questions:
  - (a) Have you considered the possibility of CJD in this patient?
    - i. Does the patient have a family history of CJD?
    - ii. Does the patient have a progressive neurological disorder of less than 12 months duration
  - (b) Is the patient a recipient of a dura mater graft prior to 1990?
  - (c) Does the patient have a history of receiving human pituitary-derived hormones for infertility or short stature (prior to 1985)?

Public Health is able to provide further information regarding the management of a person requiring a medical or dental procedure and who has been identified as a possible CJD risk. Public health can be contacted on Telephone 1300 651 160

3. That each health service should have a process in place to ensure that the risk assessment has been undertaken; for example, the assessment may be linked with the operating suite or hospital booking process.

### Managing instruments and equipment

4. That all Victorian hospitals and health services that perform procedures affecting higher infectivity sites including brain, pituitary gland, spinal cord, cerebrospinal fluid, retina and optic nerve and companies that provide surgical equipment for use in these procedures work towards having a system that will identify individual instruments to individual patients.
5. That in the event that CJD is identified retrospectively in a patient who has undergone surgery or other procedures including endoscopy, all equipment potentially contaminated through use on the patient be treated as follows:
  - (a) In the case of procedures in which brain, pituitary gland, spinal cord, cerebrospinal fluid, retina or optic nerve tissues are exposed, all instruments that have come into direct contact with the tissue shall be withdrawn pending a decision from the CJD Incidents Panel.
  - (b) In flexible endoscopic procedures, equipment that has contact with brain, pituitary gland, spinal cord, retina and optic nerve tissues shall be withdrawn pending a decision from the CJD Incidents Panel.
  - (c) In all other surgery and endoscopic procedures—that is, procedures that do not involve brain, pituitary gland, spinal cord, cerebrospinal fluid, retina and optic nerve—equipment should not be withdrawn, and should be cleaned and sterilised as per normal procedures.

6. That there are operational difficulties associated with the implementation of the guidelines recommendation concerning maintenance of a one-way flow of surgical instruments as defined by perioperative nurses. The guideline writing group are to be asked to review this recommendation to clarify its intent.

#### **Adverse event management**

7. That in order to support health services in managing a CJD-related adverse event, the department will convene an incident team comprising health service administrators and clinicians, public health experts and other Department of Human Services representatives as required. The Department will undertake to produce an information kit on CJD risk management for consumers and health care workers.

#### **Conclusion**

The strategies for prevention of transmission of CJD is a rapidly developing area and it is recognised that the process of guideline development and interpretation will need to be iterative, with annual review, as the evidence base continues to build. The Victorian Advisory Committee on Infection Control will undertake an annual review of this document in order to maintain its currency. It is anticipated that as the Australian Guidelines evolve, they will supersede this state-based document.

The full report is available at:

<http://www.health.vic.gov.au/ideas/diseases/cjd.htm>