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PRESS RELEASE

NICE to develop guidance on managing risk of transmission of CJD and vCJD during surgery

The National Institute for Clinical Excellence (NICE or 'the Institute') has been asked by the Chief Medical Officers of England, Scotland, Wales and Northern Ireland to develop guidance for the NHS on how best to manage the risk of transmission of Creutzfeldt-Jakob Disease (CJD) and variant CJD (vCJD) during surgical practice.

CJD is a progressive, fatal neurological disease that belongs to a wider group of neurodegenerative disorders that can affect both humans and animals. Variant CJD (vCJD) was recognised in the UK in 1996 and is believed to be due to consumption of food derived from cattle infected with Bovine Spongiform Encephalopathy (BSE, also known as 'mad-cow disease').

NICE guidance will advise on surgical practice and the choice of surgical instruments for procedures involving tissues which are classified as high or medium risk for CJD and vCJD. These currently comprise brain and spinal cord, posterior and anterior (front and back) of the eye, nasal epithelium (inside of the nose) and, for vCJD only, lymphoid tissue (lymph glands including tonsils) generally. The guidance will make recommendations about whether reusable instruments or disposable instruments should be used in different procedures, including balancing the potential risks of CJD and vCJD transmission via reusable instruments against the risks to patient safety of using potentially technically substandard or unreliable disposable instruments. It will also look at the way surgical instruments are sterilised and cleaned. The guidance

will not examine the risks of CJD and vCJD transmission as a result of blood transfusions or dental procedures.

NICE will develop a scope for this guidance and consult publicly on this during October and November 2004. The scope will describe details of the planned work, including the areas that will and will not be covered. Guidance will be developed once the scope is finalised and draft guidance will be publicly consulted upon in January 2006. The guidance will be finalised and issued to the NHS, along with information for the public, in May 2006.

Professor Peter Littlejohns, NICE Clinical Director says: “We look forward to developing guidance on this topic. This is a challenging area for NICE to be involved in. We will have to produce guidance that balances the risk of surgery using reusable instruments, with those which may be associated with the use of disposable instruments, and make recommendations which cover a wide range of surgical procedures and patient groups.”

NICE has formed a special sub-committee to advise on guidance about reducing the risk of CJD transmission by surgical instruments and by telescopes in surgery and anaesthesia. **Professor Bruce Campbell**, a surgeon and Chairman of the sub-committee says: “This is a very complex matter and we will be involving a range of experts to help develop our guidance. For the present, patients should be reassured that the risk of developing CJD as a result of any operation is small. Our aim will be to make recommendations on clinical practice which will keep the risk as close to zero as possible”.

ENDS

Notes to Editors

About the NICE guidance on vCJD

1. More information on this guidance can be found on the NICE website at www.nice.org.uk.

About NICE

2. NICE is part of the NHS. It is the independent organisation responsible for providing national guidance on treatments and care for those using the NHS in England and Wales. Its guidance is for healthcare professionals and patients and their carers to help them make decisions about treatment and healthcare. For further information about NICE you can visit www.nice.org.uk.
3. NICE produces guidance in three areas of health:
 - the use of new and existing medicines and treatments within the NHS in England and Wales technology appraisals.

- the appropriate treatment and care of patients with specific diseases and conditions within the NHS in England and Wales – clinical guidelines.
 - whether interventional procedures used for diagnosis or treatment are safe enough and work well enough for routine use – interventional procedures.
4. NICE also funds three enquiries that undertake research into the way patients are treated to identify ways of improving the quality of care (the investigations are known as confidential enquiries).
 5. NICE guidance and recommendations are prepared by independent groups that include professionals working in the NHS and people who are familiar with the issues affecting patients and carers.