Supplementary Table 2. Public health actions required for symptomatic patients with variant CJD

Tissue involved in procedure	Action for instruments is determined by the number of cycles of use and decontamination they have already been through since used on the index patient				Patients exposed to instruments
	Action for surgical instruments by number of uses to date		Action for flexible endoscopes[a] by number of uses to date		
High infectivity (brain or spinal cord, cranial nerves or ganglia, posterior eye, pituitary glands)	Fewer than 20 uses Destroy or retain for exclusive use on this patient	More than 20 uses Reprocess & return to use	Fewer than 20 uses Destroy or retain for exclusive use on this patient	More than 20 uses Destroy or retain for exclusive use on this patient	10 patients subsequently exposed to instruments in contact with high infectivity tissues should be traced and notified
Medium infectivity (spinal ganglia; olfactory epithelium[a]; tonsil, appendix, spleen; thymus, adrenal gland; lymph nodes & gut-associated lymphoid tissues)	Fewer than 10 uses Destroy or retain for exclusive use on this patient	More than 10 uses Reprocess & return to use	Fewer than 10 uses Destroy or retain for exclusive use on this patient	More than 10 uses Destroy or retain for exclusive use on this patient[b]	2 patients subsequently exposed to instruments in contact with medium infectivity tissues should be traced and notified
Low infectivity (all other tissues not listed above)	Reprocess & return to use	Reprocess & return to use	Reprocess & return to use	Reprocess & return to use	No patients should be traced and notified

Asymptomatic patients at increased risk of variant CJD through receiving blood from a donor who later developed variant CJDa. A greater range of medium risk tissues should be considered during the risk assessment than for other types of CJD.

Before an instrument is quarantined it should be first decontaminated to the required standard (see 2021 CJD guidance manual).

CJD; Creutzfeldt-Jakob disease.

[a]The advice of the consultant carrying out the endoscopic procedure in the nasal cavity should be sought to determine whether a risk of contamination of the endoscope with olfactory epithelium can be excluded with confidence. If such contamination cannot be excluded, take precautions appropriate for medium infectivity tissues.

[b]Flexible gastrointestinal endoscopes may be suitable for refurbishment by their manufacturers/distributors to allow their return to later use. This refurbishment process may be considered as an alternative to quarantining the instrument if a flexible gastrointestinal endoscope has been used in the performance of an invasive procedure in patients at risk of variant CJD (vCJD) because they received blood from a donor who later developed vCJD. Refurbishment is not available for endoscopes that have been used for invasive endoscopy in patients with definite or probable vCJD. The decision to undertake refurbishment will be made on a case by case basis by the manufacturer/distributor, taking into account the age and condition of the endoscope, the reprocessing methods and methods of storage following last use (Annex F Transmissible Spongiform Encephalopathy Infection Control Guidance).