

Supplementary Table 3. Public health actions required for asymptomatic patients at increased risk of variant CJD

Tissue involved in the 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 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 Reprocess & return to use	No patients 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 Reprocess & return to use ^b	More than 10 uses Reprocess & return to use	No patients 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 1) donating blood to someone who later developed variant CJD, 2) receiving blood from someone who has also given blood to a patient who went on to develop variant CJD, 3) surgery using instruments previously used on someone who developed variant CJD, 4) receiving blood from 300 or more donors, 4) treatment with UK sourced plasma products between 1990 and 2001 (inclusive). 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.

^aThe 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.

^bFlexible endoscopes used on medium infectivity tissues may be returned to general use providing they have been decontaminated according to national standards, with additional infection control precautions.