

RESTRICTED - POLICY

CJD IN ADOLESCENTS

7/29

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cc: PS/Minister of State  
PS/Parliamentary Secretary (Mrs Browning)  
PS/Parliamentary Secretary (Mr Boswell)  
PS/Lord Lucas  
PS/Permanent Secretary  
Mr Osborne  
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Mr Meldrum ✓  
Mr Haddon  
Mr Hollis  
Mr K Taylor  
Mr Cowan - BASD  
Mr Haslam - INF  
Dr Matthews  
Dr Render

Issue

1. This is to inform the Minister of the formal announcement later in the week of two cases of CJD in adolescents.

Background

2. We learned late last night from Department of Health that an article will appear in The Lancet on Friday giving the full medical details relating to two cases of CJD in adolescents.

3. The first case is that of CJD in a 19 year old boy. This is already publicly known and was the subject of a "World In Action" programme over the summer. The second case is in a 17 year old girl, and is the one I reported to the Minister in my minute of 22 September. This patient is still alive, but CJD has been confirmed by brain biopsy. This will be the first time in which this case has been made public.

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4. This article is likely to raise further media interest in BSE and its possible relation to CJD, following the announcement of the possible fourth case of CJD in a farmer at the beginning of the week. Two other announcements to be made this week, of the first 1993 born after the ban case and of the findings of small amounts of specified bovine offal material being left attached to carcasses after dressing in slaughterhouses, may well lead to sustained media pressure.

5. The lead on the immediate issue of CJD in adolescents is of course with the Department of Health. The Spongiform Encephalopathy Advisory Committee (SEAC) has considered the issue and already issued a statement (copy attached) and I understand that DH will make this the focus of their line on this subject.

6. The Minister will also have seen the report in the "Today" newspaper this morning about a possible suspected fifth case of CJD in a farmer. The Department of Health know of no basis for this claim and are aware of no such case. Indeed, the journalist who wrote the article has admitted to the DH Press Office that the grounds for the story are very thin. The basis seems to be that a farmer who has had cases of BSE in his herd has been taken ill "complaining of giddiness, a classic symptom of CJD". There are of course a very wide number of diseases in which giddiness is a symptom.



T E D EDDY

## **STATEMENT BY THE SEAC**

### **CJD IN ADOLESCENTS**

We note that two cases of CJD have been diagnosed in adolescents in the UK. It is not possible to draw any conclusions from this, as confirmed cases of CJD have been found in the same age group in other countries. In addition, the two cases had no exposure to risk factors for CJD and no contact with BSE. It is essential, however, to study the patients in great detail and consider whether there are any implications for the cause or management of the disease.

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