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FRAME

SUBJECT: CJD: UK SURVEILLANCE UNIT REPORT

SUMMARY

1. On Friday 7 October the UK Department of Health is to publish the third annual progress report of the UK Creutzfeldt-Jakob Disease (CJD) Surveillance Unit. The report includes the finding of a statistically significant association between eating of veal at least once a year and risk of CJD. The finding does not indicate a causal relationship, and the UK Chief Medical Officer remains satisfied that UK beef and veal are safe to eat.

DETAIL

2. The UK CJD Surveillance Unit was set up in May 1990. The primary aim of the unit is to monitor CJD in order to identify any change in the pattern of the disease that might be attributable to Bovine Spongiform Encephalopathy (BSE). The unit is part of an EU-funded project for coordination of national CJD surveillance involving France, Germany, Italy, The Netherlands and Slovakia. These units now share common diagnostic criteria, methodologies and case-control questionnaire.

3. The overall conclusion of the UK surveillance unit's report is that there is no conclusive evidence of any change in CJD that can be attributable to BSE. However, the report stresses that these negative findings should be interpreted with caution given the potentially long incubation period of CJD.

4. Other conclusions of the report are:

- the incidence of CJD in the UK fell from 51 cases (0.86 cases per million population) in 1992 to 40 cases (0.70 per million) in 1993.
- the incidence of CJD in the UK is similar to other countries without BSE, eg the incidence in the Netherlands in 1993 was 0.68 cases per million.
- CJD has been more clearly identified in the deaths of a number of elderly patients - making it clearer why rates of CJD in the UK have been rising in previous years.

- the geographical distribution of CJD cases in the UK has not changed significantly since the emergence of BSE.

- no evidence has been found of a link between occupational exposure to animals or animal products and risk of CJD.

- a study of the eating habits of people with CJD showed some statistical associations with the eating of various meat products - particularly veal - but the report stresses that no causal link has been found. The report stresses that the associations are based on a small sample and should be interpreted with caution.

STATISTICAL ASSOCIATION BETWEEN EATING VEAL AND RISK OF CJD

5. The UK surveillance unit is conducting a long-term case-control study on dietary history and risk of CJD. The current statistical analysis has produced a finding that people who eat veal on average at least once a year appear to be at thirteen times the risk of individuals who have never eaten veal. This finding is likely to cause concern if taken at face value. It is important therefore that the following facts are known:

- the "13-fold risk" is a statistical association derived from fragile data on very small numbers of people (15 cases of CJD and 4 controls). It does not prove a causal relationship between eating veal and developing CJD, and should be seen in the context of last year's finding from this study of a statistical association between CJD and consumption of black pudding which has not held up this year.

- replies to the Unit's dietary survey may have been influenced by media publicity on possible links between meat eating and CJD (recall bias). The report shows that virtually identical findings were obtained from the relatives of a group of suspect cases who were later judged not to have CJD.

- there is no scientific evidence of a link between eating veal, or any other meat, and the development of CJD. The incidence of CJD in the UK has not risen further in 1993, as would have been expected in a common source epidemic, and remains comparable to other countries without BSE.

- the UK Government has always acted on the assumption that there might be a risk from BSE, however remote, and has taken precautionary measures to protect the public health - in particular the ban on specified bovine offal which ensures that no cattle tissues which might carry the infection can enter the human food chain.

Given these facts, the advice from UK Department of Health and the UK Chief Medical Officer continues to be that beef and veal are safe to eat.

INDEPENDENT ASSESSMENT OF THE REPORT BY THE SPONGIFORM
ENCEPHALOPATHY ADVISORY COMMITTEE

6. The independent Spongiform Encephalopathy Advisory Committee (chaired by Dr David Tyrrell FRS), which advises UK health and agriculture ministers on all matters concerning spongiform encephalopathies, has considered the report and remains satisfied with the adequacy of current controls to protect public health in regard to CJD.

7. The Committee said:

We are very pleased with the continued development of the UK CJD Surveillance Unit, as indicated by the issue of the Unit's third annual progress report.

We see no evidence from the report of an emerging CJD epidemic. The incidence of CJD in the UK continues to be similar to other European countries.

We are pleased by the progress that continues to be made by the Unit in recognising and defining the disease in collaboration with others around the world. This progress appears to have contributed to the increased ascertainment of cases in people over age 75.

There is no evidence of space-time clustering of CJD cases and no evidence of links with particular occupations. Analysis of possible dietary links continues but interpretation is difficult. We note that the statistical association between black pudding consumption and CJD in last year's report has not been confirmed in the present analysis. The finding on veal in this year's report should be seen in this context. It does, however, appear worthy of further investigation by the Unit in conjunction with other national CJD surveillance projects within Europe.

We have no further recommendations to make to Government on the basis of the report and remain satisfied with the adequacy of current controls to protect public health in regard to CJD.

CONCLUSION

8. The UK Government has always made clear that information on BSE and CJD will be made available to other Member States and to the European Commission. Posts may therefore wish to consider briefing health and agriculture ministries on the findings. Copies of the full report can be obtained from John Mullen, Department of Health, Room 601A, Skipton House, 80 London Road, London SE1 6LW.