

BSE file

11/118

## POLICY IN CONFIDENCE

Mr Phillips PS/SoS

From: T W S Murray

Date: 21 August 1992

Copy: Miss Burnett PS/PS(1)

Ms Wright

Dr Nicholas PS/CMO

Dr Metters

Mr Heppell

Dr Steadman

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Ms Lockyer

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Dr Wight

Mr Wilson M

Mr LOWSON MAFF

CREUTZFELDT JAKOB DISEASE (CJD)Problem

1. SoS will wish to be aware of a CJD development. This is a case of CJD in a farmer who has had a cow with Bovine Spongiform Encephalopathy (BSE) on his farm and it could generate media stories about a link between CJD and BSE.

Recommendation

2. No action is required pending investigation of the case as part of the ongoing national CJD surveillance programme. However, this submission provides background and a line to take for DH and MAFF should approaches be received from the media.
3. I am copying this submission to MAFF and have spoken to a MAFF official to ensure their Ministers are suitably briefed.

Background

4. Officials have been made aware on a medical in confidence basis of a case of probable CJD in a 60 yr old farmer who had had a dairy cow with BSE on his farm. A background note on CJD and BSE is attached (at A). The patient's physician informed Dr Will's CJD Surveillance Unit in Edinburgh of the likely diagnosis. Dr Will's research registrar has visited the patient to confirm the relevant history and collect other clinical details. The patient has now been readmitted to hospital, which is not surprising given the rapidly progressive clinical course of CJD. Dr Will's Unit will hopefully be sent post-mortem material so that the diagnosis can be confirmed.

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5. The diagnosis has not been confirmed histopathologically although it is likely on clinical grounds. On the basis of the limited evidence available at this stage there is nothing to suggest that these two events (BSE and CJD) are linked. Dr Will feels they are probably a coincidence. Despite the rarity of CJD, it was perhaps only a matter of time before this situation arose, given the large numbers of people employed in the agriculture and related industries, and the fact that BSE cases now total over 65,000.
6. Medical and nursing staff looking after him are aware of his probable diagnosis and of the fact that he had a cow with BSE, and the case could become public at any time.
7. The case will be fully investigated by Dr Will under the national surveillance programme which follows up all cases of CJD. The full facts of the case will be presented to the Spongiform Encephalopathy Advisory Committee (Tyrrell Committee) set up by DH/MAFF Ministers to advise on all matters relating to spongiform encephalopathies (terms of reference and membership attached at B) who will advise on the implications for Government policy.

#### Conclusion

8. As patient medical-in-confidence issues are at stake we suggest the following line to take, which has been agreed with colleagues in HEF(M):

" We are aware of the development of probably CJD in a farmer, who has had a cow with BSE, though the diagnosis has not been confirmed. To date, there is no scientific evidence to link BSE with the human illness CJD and the information available in this case does not change this situation."

9. HEF(A) and HEF(M) officials will ensure Ministers are appropriately briefed on developments with the case and the outcome of the Tyrrell Committee deliberations.

*T.P. Diane Whyte*

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