Form B: CJD incident reporting form to the Incident Panel on Transmissible Spongiform Encephalopathies (IPTSE) and the local Department of Public Health

Guidance Note

Please use this form to report relevant surgical or other invasive procedures, to the Incident Panel on Transmissible Spongiform Encephalopathies (IPTSE) and the relevant Department of Public Health
All requests for advice from the Panel should be addressed to:

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Please ensure that this form is returned to us securely, either by encrypted email, safe fax or post.

To be completed/given by IPTSE   **PI number:**
To be completed by member of Hospital Investigation Team (usually clinician with primary responsibility)
A. REPORTER'S CONTACT DETAILS
Name: Position: Organisation: Address:
Telephone number:
E-mail:
B. CLINICIAN WITH PRIMARY RESPONSIBILITY (IF DIFFERENT FROM REPORTING DOCTOR) CONTACT DETAILS
Name: Position: Address:
Telephone number:
E-mail:
B. DIRECTOR OF PUBLIC HEALTH/ CONSULTANT IN PUBLIC HEALTH MEDICINE (CPHM) CONTACT DETAILS
Name: Position:
Address:
Telephone number:
E-mail:

B. INDEX PATIENT DETAILS			
1. Date of birth:		2. Age:	3. Sex:
4. Date of onset of symptoms:			
5. Date of first presentation to clinician:			
6. Alive?: Yes ☐ No ☐	If dead, date of death:		

CJD TYPE/DIAGNOSIS	Please insert 'Yes' or 'No'

7. For index patients with symptoms of CJD, please give details of the patient's diagnosis:-

	CJD diagnosis status at time of reporting			
Index patient CJD type/diagnosed	definite	probable	possible	not known
sporadic				
variant				
familial/genetic				
iatrogenic				
iatrogenic vCJD				
Other, please give details:				

9. Has the diagnosis been confirmed by the National CJD Surveillance Unit, (NCJDSU)? Yes ☐ No ☐ Not known ☐

NCJDSU case identification number:_____

If not confirmed, please give details:

_____

_____

Other comments:

8. Is the index patient 'at increased risk of CJD'? **This applies to both symptomatic and asymptomatic cases**	**Please insert 'Yes' or 'No'**
Did the patient have the following exposures:	
a) Has the index patient received a blood transfusion donated by someone who later developed vCJD?	
b) Has the index patient donated blood to someone who later developed vCJD?	
c) Has the index patient received a blood transfusion from a blood donor who also gave blood to someone who developed vCJD?	
d) Has the index patient received certain UK sourced plasma products (such as clotting factors) between 1990 and 2001?	
e) Was the index patient identified as having received blood or blood components from 300 or more UK donors since 1990?	
f) Is the index patient at risk of CJD for a different reason? (section 1) If yes, please give details.	

C. INVASIVE PROCEDURES WITH HIGH/MEDIUM INFECTIVITY TISSUES FOR CJD/vCJD *(a patient may have undergone one or several procedures. Please complete a new sheet for each procedure). Please complete all questions.*	***For IPTSE use*** Incident No: **Procedure No:**
1. When did the procedure take place?	
2. Hospital/other healthcare setting	Name: Address:
3. What procedure was carried out?	
4. What speciality was the procedure?	
5. What anaesthetic equipment was involved (if any)	
6. Did the procedure include endoscopy? If yes, please give details.	

7. Which tissues were involved? Please tick		Any notes/details?
☐	Brain	
☐	CNS / Spinal cord	
☐	Posterior eye	
☐	Olfactory epithelium	
☐	Tonsil / appendix / spleen / thymus	
☐	Other lymphoid tissue	
☐	Other (please give available details):	

8. How many reusable invasive medical devices (RIMD) including sets and supplementary single instruments /devices were used, and what were they? *(Please continue overleaf or attach details if necessary)*	
9. What type of decontamination procedures are used for these RIMD?	
10. Were standard decontamination methods used?	
11. Are there any reasons to suspect/doubt a problem with decontamination processes? Please specify.	
12. How many times have the RIMD instruments been used and decontaminated since this procedure?	

13. Can you track and trace the RIMD including single supplementary instruments/devices through the decontamination process to the service user? (e.g. all / some / none / disposable / don't know)	
14. Where are the instruments now?* (e.g. all are quarantined / some are quarantined / none are quarantined / not applicable/ don't know/ destroyed)	
15. How many people might have been exposed to the RIMD / instruments (or pool of instruments)?	
16. Did any staff member receive an exposure to blood and body substance during the invasive procedure or during the decontamination processes[22]?	
17. Other comments (*Please continue overleaf or attach if necessary)*	

* Following a report of a new case of CJD/person at increased risk, the hospital should ensure surgical instruments (including endoscopes) that have potentially been in contact with high or medium infectivity tissues for CJD, and have been through fewer than 10 cycles for medium risk tissue or 20 cycles for high risk tissue, are decontaminated as normal and removed from general use until the situation can be clearly risk assessed.

[22] For healthcare workers: Percutaneous or muco-cutaneous inoculation of tissues or blood from probable or confirmed cases of all types of human prion diseases including CJD. For laboratory workers: Percutaneous or muco-cutaneous inoculation of tissues or blood from TSE-infected animals or tissues. For more information please see page 14 in this link. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/427854/Infection_controlv3.0.pdf

D.. HAS THE DONATION OF ORGAN/TISSUE/BLOOD COMPONENTS BEEN IDENTIFIED (**BLOOD COMPONENTS ONLY APPLICABLE IF A CASE OF VCJD):** YES☐NO☐	***For IPTSE use*** Incident No: **Procedure No:**

1. What type of donation was made?

Donation Of Organ

Donation Of Tissue

Donation Of Blood Components

2 If applicable which tissues/organ were involved?

Dates

_____

_____

_____

_____

_____

_____

3. If blood components applicable: Details of each blood component unit ID numbers are required and dates of transfusion

Date of transfusion		**Unit ID numbers**	**Details. Number of recipients etc**
Date			
Date			

4. Other comments (*Please continue overleaf or attach if necessary)*

Any notes/details?
Hospital/Other healthcare setting

E. Has the receipt of organ/tissue/blood components been identified? (**blood components are only applicable if a case of vCJD**): Yes ☐ No ☐	***For IPTSE use*** Incident No: **Procedure No:**

1. What type of procedure was carried out?

Receipt of organ

Receipt of tissue

Receipt of blood components

2. If applicable which tissues/organ were involved?	Any notes/details? Hospital/Other healthcare setting

Dates	

3. If blood components applicable: Details of each blood component unit ID numbers are required and dates of transfusion

Date of transfusion	**Unit ID numbers**	**Details**
Date		
Date		