Is there a screening test for vCJD?

Unfortunately no. Despite considerable effort there are no blood tests available for testing of donated blood. Efforts are on-going but it will likely be several years before any test might be available.

What are other countries doing to reduce the risk?

Blood Services all over the globe have taken steps to reduce the risk of transmission of this disease by transfusion. As in New Zealand, these involve exclusion of donors who are considered at increased risk through travel or transfusion.

The United Kingdom have taken dramatic steps to reduce their risk. Plasma collected from blood donations is now destroyed and anyone who has ever received a transfusion is prevented from donation.

Each country needs to carefully balance measures to reduce the risk against the impact these have on the ability to ensure sufficient blood is available for those patients who need it. There is no simple solution that suits all. NZBS will continue to monitor the international situation closely to ensure that appropriate measures are in place to protect New Zealand’s blood supply.

If I am prevented from donating because of these measures, do you think I might get vCJD? Could I have passed it on to others with my previous donations?

You should not worry. The risk to any individual is very low indeed. We have introduced these measures on a precautionary basis whilst more evidence is gained about this disease. There is no reason for you to be concerned about your own health.
What is Creutzfeldt-Jakob Disease (CJD)?

This is a rare disease that affects the brain and causes severe mental failure, dementia and eventually death. There is no available treatment.

The agent that probably causes CJD is called a prion. It is a very small protein, even smaller than a virus.

Two main forms of the disease exist.

- **Classical CJD.** This form of the disease was first identified in the 1920's. It occurs all around the world at a rate of 1 per million population per year.

- **Variant CJD (vCJD).** This disease was first reported in the UK in 1996. vCJD is believed to be the human form of Bovine Spongiform Encephalopathy (BSE), a disease affecting cattle. There have been no cases of vCJD or BSE reported in New Zealand.

How many people have developed vCJD?

As of December 2015, a total of 229 cases have been reported worldwide. All have died. 177 cases were diagnosed in the United Kingdom. 52 were diagnosed in other countries and only 7 of these had a clear link to the UK. The number of cases in France and the Republic of Ireland are of particular concern. 27 cases had been diagnosed in France (population 59 million) and 4 in the Republic of Ireland (3.7 million).

The number of new cases has fallen significantly in recent years. There is however increasing scientific data that suggests that many more people might harbour the infectious agent but not develop the disease. This is particularly of concern to Blood Services since such individuals might donate blood and pass on the infection.

No cases of vCJD have been reported in New Zealand.

Can CJD be transmitted by transfusion?

Considerable research has provided reassurance that the risk of acquiring classical CJD by transfusion is very low, in fact, too low to be measured.

The UK authorities closely followed a small group of patients who received blood components from donors who subsequently developed vCJD. A number of these patients have developed evidence of vCJD infection. This cluster of cases indicates that vCJD must be considered as a transfusion transmissible infection.

What is NZBS doing to reduce the risk that vCJD might be passed on by transfusion in New Zealand?

NZBS closely monitors developments relating to vCJD and the actions taken by other international blood services.

- In 2000 NZBS introduced measures to prevent people who had been resident in the United Kingdom for a cumulative period of 6 months or more between 1980 and 1996 from donating blood. 1 in 10 active blood donors in New Zealand were lost by this measure. This is now standard international practice.

- In 2001 NZBS introduced new systems to remove the white cells from donated blood prior to transfusion. This is known as ‘Universal Leucodepletion’. The UK also introduced this. None of the cases of transfusion associated disease in the UK to date have received leucodepleted blood components.

- In 2003 NZBS introduced a measure whereby people who had received a transfusion in the United Kingdom since 1980 were prevented from donating blood.

- In April 2006 NZBS introduced additional measures based on concerns relating to the increasing number of cases of vCJD reported in France and Ireland.

The measures reflect those introduced earlier relating to travel/residency and transfusion in the United Kingdom.

The current policies applied by NZBS mean that prospective donors who have

1. visited or lived in the United Kingdom (England, Scotland, Wales, Northern Ireland, Isle of Man and the Channel Islands) or in France or in the Republic of Ireland between 1st January 1980 and 31st December 1996 for a total period of 6 months or longer, are permanently deferred from donating blood in New Zealand.

2. received a blood transfusion in the United Kingdom, France or the Republic of Ireland since 1980 are permanently deferred from donating blood in New Zealand.

NZBS estimates that about 0.25% of current donors were lost by these new measures.

What if I lived in one of these countries before 1980 or after 1996, can I continue to donate?

Yes you can, provided you have not received a transfusion of blood there since 1980. The scientific data clearly shows that BSE was not a problem prior to 1980. By 1996 the UK and other European authorities had significantly tightened their food regulations to remove the risk of food borne transmission to humans.

Who made the decision to introduce these new measures?

In 2002 NZBS established a working group to provide advice on transfusion associated vCJD issues. The working group included New Zealand experts on vCJD and BSE along with relevant stakeholders (clinicians and patient groups). The working group met on a number of occasions. Current NZBS policies in this area are based on recommendations developed by the working group.