



SUMMARY OF SEAC EPIDEMIOLOGY SUBGROUP MEETING

Issue

1. The SEAC Epidemiology Subgroup held its first meeting in London on 11th May 2005 to discuss the nature and future profile of the vCJD epidemic. A summary of the meeting is given below.

Background

2. Projections of the profile of the vCJD epidemic, based on data from clinical vCJD cases, suggest the number of additional cases may be relatively small. However, recent experimental and epidemiological findings suggest that the nature of the epidemic might be more complex. There may be a substantial number of people who are carriers of infectivity and who will not develop clinical disease or will do so on a prolonged timescale. Furthermore, potential human to human infection via medical procedures (e.g. use of contaminated surgical instruments or blood) might influence the profile of the epidemic such that, if appropriate intervention is not taken, a self-sustaining epidemic could be arising.
3. SEAC agreed (03/03/05) that further epidemiological analysis and modelling work is required to comprehensively reassess the nature and future profile of the vCJD epidemic. The Committee tasked the SEAC Epidemiology Subgroup to conduct this assessment, taking into account new research, and the possibility of human to human transmission. The Subgroup was also asked to identify critical factors that could influence the nature of the epidemic and to consider the likelihood of a self-sustaining epidemic and possible preventative interventions. Consideration would also be given to potential information barriers to assessment of the public health risks.

Meeting summary

4. The Subgroup considered the available sources of data for direct ascertainment of the prevalence of vCJD infection. An update on

the progress of the National Anonymous Tonsil Archive that is prospectively collecting tonsils for PrP^{Sc} screening was presented. Potential additional sources of data to allow direct ascertainment of infection prevalence and assessment of transmission risks were discussed. A summary table of additional surveillance options and the data they could provide together with associated practical/ethical considerations will be developed for further consideration. This will be a key output from the Subgroup.

5. Preliminary results were presented from new modelling work to examine the influence of age and PrP genotype on infection prevalence (clinical cases and pre- or sub-clinical infection carriers) using the published and some unpublished data. The scope of the modelling was discussed. The Subgroup will review the results from this continuing work at its next meeting in the autumn.
6. Routes of secondary transmission and potential data sources to define the extent of their possible interactions were considered. A summary table of routes in terms of their importance (i.e. likelihood to contribute to a secondary epidemic) and possible major interactions will be developed for further discussion. This will be a key output from the Subgroup.
7. It was agreed that a second Subgroup meeting will be held in September 2005 to consider the issues further. A draft position statement that addresses the issues identified by SEAC will be prepared for the Subgroup's consideration.