Supplementary Table 4. Public health actions required for asymptomatic patients at increased risk of iatrogenic CJD (other than variant CJD)

Tissue involved in procedure	Action for instruments is determined by the number of cycles of use and decontamination they have already been through since used on the index patient				Patients exposed to instruments
	Action for surgical instruments by number of uses to date		Action for flexible endoscopesb by number of uses to date		
High infectivity (brain, spinal cord, cranial nerves, cranial ganglia, posterior eye, pituitary glands)	Fewer than 20 uses Destroy or retain for exclusive use on this patient	More than 20 uses Reprocess & return to use	Fewer than 20 uses Destroy or retain for exclusive use on this patient	More than 20 uses Reprocess & return to use	No patients should be traced and notified
Medium infectivity (spinal ganglia, Olfactory epithelium[a])	Fewer than 10 uses Destroy or retain for exclusive use on this patient	More than 10 uses Reprocess & return to use	Fewer than 10 uses Reprocess & return to use[b]	More than 10 uses Reprocess & return to use	No patients should be traced and notified
Low infectivity (all other tissues not listed above)	Reprocess & return to use	Reprocess & return to use	Reprocess & return to use	Reprocess & return to use	No patients should be traced and notified

Asymptomatic patients at increased risk of iatrogenic CJD (other than variant CJD) through 1) treatment with growth hormone from UK sourced human pituitary glands (before 1985), 2) treatment with gonadotropin derived from human pituitary glands for fertility treatment (before 1973), 3) a neurosurgical procedure, or an operation for a tumour or cyst of the spine, before August 1992 who received (or might have received) a graft of human derived dura mater 4) surgery using instruments previously used on someone who developed CJD (other than variant CJD).

Before an instrument is quarantined it should be first decontaminated to the required standard (see 2021 CJD guidance manual).

CJD; Creutzfeldt-Jakob disease.

[a]The advice of the consultant carrying out the endoscopic procedure in the nasal cavity should be sought to determine whether a risk of contamination of the endoscope with olfactory epithelium can be excluded with confidence. If such contamination cannot be excluded, take precautions appropriate for medium infectivity tissues.

[b]Flexible endoscopes used on medium infectivity tissues may be returned to general used providing they have been decontaminated according to national standards, with additional infection control precautions.