APPENDIX

ALGORITHM FOR REPORTING AND MANAGEMENT OF CJD AND OTHER TSE CASES DIAGNOSTIC CRITERIA¹ **PATIENT** "Possible / Probable / Query CJD/TSE" CLINICAL TESTS: **HOSPITAL INVESTIGATION TEAM (HIT)** ■ EEG ■ MRI ■ 14-3-32Rt-QuIC PLEASE REFER TO ALGORITHM 8 FOR THE GP IDENTIFICATION OF A CJD / TSE SURGICAL **FAMILY** TREATING CLINICIAN / INCIDENT **NEUROLOGIST** REFERRING HOSPITAL **COMPLETES FORM A3 AND FORWARDS TO** IF PATIENT DIES **CORONER NCJDSU** LOCAL DEPT OF PUBLIC HEALTH (MOH4) **IPTSE** PATIENT ALIVE ESTABLISH PROCEDURES CARRIED OUT ON INDEX PATIENT ENTERED ONTO NCJDSU DATABASE ESTABLISH CIT IF MORE THAN 1 HOSPITAL AFFECTED BY AN ARRANGE FOR CSF 14-3-3 and RT-INCIDENT **QuIC TESTING** REPORT TO IBTS, MOH, IPTSE all IF CIT ESTABLISHED CO-ORDINATE INVESTIGATION AND IF possible, probable and confirmed cases INCIDENT LIKELY THE COMMUNICATION STRATEGY If more than one hospital involved CIT ADVISE NCJDSU, IBTS, IPTSE **PATIENT DIES** INPUT ON CIDR **NEUROPATHOLOGIST** PERFORMS AUTOPSY **IBTS** PERFORMS DIAGNOSTIC TESTS ADVISED OF ALL "CONFIRMED / PROBABLE / POSSIBLE" NEUROPATHOLOGY VARIANT CASES & "CONFIRMED/PROBABLE" CJD CASES IMMUNOHISTOCHEMISTRY HAS PATIENT DONATED OR RECEIVED BLOOD COMPONENTS WESTERN BLOTTING 1. See Diagnostic Criteria Appendix 4 2. All CSF samples for 14-3-3 and RT-QuIC analysis are IF YES: sent to NCJDSU with Form A completed DIAGNOSIS WITHDRAW IN-DATE BLOOD COMPONENTS. 3. FORM A: Referral Form of cases/suspect TSE cases ALERT MOH and IPTSE IF A CONFIRMED / PROBABLE / to the National CJD Surveillance Unit (NCJDSU) and POSSIBLE" vCJD CASE the local Department of Public Health 4. MOH: Medical Officer of Health. This is a Director of NOTIFY Public Health/Consultant in Public Health Medicine **HPSC** CLINICIAN, CORONER, in the local Department of Public Health IBTS, HPSC, MOH, IPTSE NOTIFIED OF ALL POSSIBLE, PROBABLE AND CONFIRMED CJD **CASES**

