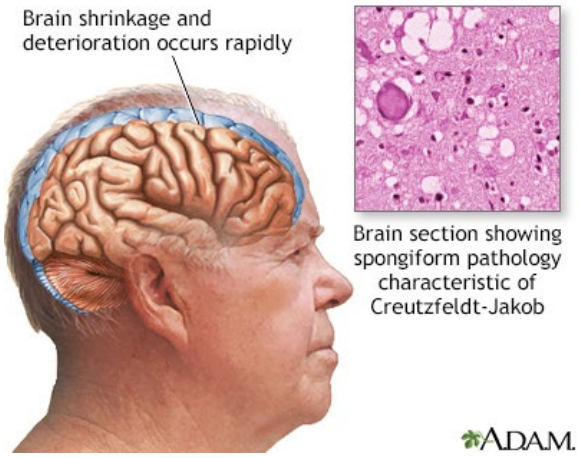
DID YOU KNOW?
Creutzfeldt Jakob Disease (CJD)

Creutzfeldt-Jakob disease (CJD) is a rare, fatal degenerative disorder.

CJD belongs to a family of human and animal diseases known as the transmissible spongiform encephalopathies (TSEs). TSEs, also known as prion diseases, are a group of rare degenerative brain disorders characterized by tiny holes, giving the brain a "spongy" appearance. These holes are caused by severe changes in the brain involving a specific protein called Prion Protein, or PrP.



Like other prion diseases, CJD causes problems with muscle coordination, thinking, and memory. This disease tends to progress rapidly. About 70% of people with CJD die within one year of getting the disease.

Usual social and clinical contact, and non-invasive clinical investigations, do not present a risk for transmission to healthcare workers. Patients, resident, or clients (PRCs) do not require Additional Precautions or a private room for CJD. Only Routine Practices, including hand hygiene and a point of care risk assessment, are required.

The risk of transmission is through exposure to high-risk tissues (e.g., performing invasive procedures with CJD contaminated surgical instruments). PRCs with symptoms consistent with a CJD diagnosis should be identified by the surgeon prior to any surgical procedure involving high risk tissues. Healthcare staff involved in any part of the procedure should be notified prior to the procedure. This includes Lab, Infection Prevention and Control and environmental services/housekeeping. When providing care pre- and post-invasive procedures, health care providers only need to use Routine Practices.

The WRHA and its affiliates have a Disease Specific Protocol (SPD) for CJD available online on the IP&C manual webpage.

This SPD is currently being reviewed and updated by a multi-professional working group. This working group has members and input from IP&C, Occupational and Environmental Safety and Health, Environmental Services, Medical Device Reprocessing, Surgery Program, Physicians, and Surgeons. It will contain guidance for management of a PRC with suspected CJD in a variety of healthcare related settings. Once completed, it will be extensively reviewed by WRHA stakeholders and then made available online. Until then, the currently posted SPD should be used.

If you have more questions or concerns, please contact the Infection Control Professional for your facility, area, or program.