Creutzfeldt-Jakob Disease

Sporadic Creutzfeldt-Jakob Disease, Iatrogenic Creutzfeldt-Jakob Disease, Genetic Prion Diseases, Creutzfeldt-Jakob Disease Variant

SPORADIC CREUTZFELDT-JAKOB DISEASE (sCJD)

Case Definition

Confirmed Case:
Neuropathologically and/or immunocytochemically and/or biochemically confirmed, through observation of one or more neuropathologic features (see Box 1) and no evidence of iatrogenic CJD or genetic human prion disease (described below).

Probable Case:
Routine investigation should not suggest an alternative diagnosis:
- Rapidly progressive dementia + at least two features of list I + II (see Box 2).
- OR
- Suspect CJD + cerebrospinal fluid positive for 14-3-3 by immunoblot + duration < 2 years.

Suspect Case:
Rapidly progressive dementia + two of list I (see Box 2) + duration < 2 years + no electroencephalography (EEG) or atypical EEG.

Clinical Evidence
See Boxes 1 and 2 (as noted in definitions).

Reporting Requirements
- Report confirmed or probable cases to PHAS Surveillance Team via ANDS.
- Submit case report forms as soon as completed.

Forms
See Surveillance Forms for details:
- Nova Scotia Notifiable Disease Surveillance Case Report Form
- CJD /vCJD Case Report Form

Data Entry
ANDS Quick Reference Guide for Direct Contact
IATROGENIC CREUTZFELDT-JAKOB DISEASE (iCJD)

Case Definition

Confirmed Case:
Confirmed CJD (see Box 1) with a recognized risk factor for iatrogenic transmission (see Box 3).

Probable Case:
Progressive predominant cerebellar syndrome in a recipient of cadaverically derived human pituitary growth hormone.

OR
Probable CJD with a recognized risk factor for iatrogenic transmission (see Box 3).

Clinical Evidence
See case definitions above

Reporting Requirements

- Report confirmed or probable cases to PHAS Surveillance Team via ANDS.
- Submit case report forms as soon as completed.

Forms
See Surveillance Forms for details:
- Nova Scotia Notifiable Disease Surveillance Case Report Form
- CJD /vCJD Case Report Form

Data Entry

ANDS Quick Reference Guide for Direct Contact
GENETIC PRION DISEASES

Case Definition

Confirmed Case:
- Definite (pathologically confirmed) prion disease + definite or probable prion disease in a first-degree relative.
  OR
- Definite prion disease + pathogenic mutation in prion protein gene (PRNP) (see Box 4).
  OR
- Typical neuropathologic phenotype of Gerstmann-Sträussler-Scheinker disease (GSS)*.

Probable Case:
- Progressive neuropsychiatric disorder + definite or probable prion disease in a first degree relative.
  OR
- Progressive neuropsychiatric disorder + pathogenic mutation in PRNP (see Box 4).

Clinical Evidence

See case definitions

Reporting Requirements

- Report confirmed or probable cases to PHAS Surveillance Team via ANDS.
- Submit case report forms as soon as completed.

Forms

See Surveillance Forms for details:
- Nova Scotia Notifiable Disease Surveillance Case Report Form
- CJD /vCJD Case Report Form

Data Entry

ANDS Quick Reference Guide for Direct Contact
CREUTZFELDT-JAKOB DISEASE, VARIANT

Case Definitions

Confirmed Case:
IA (see Box 5) and neuropathologic confirmation as per pathologic features (see Footnote a, Box 5).

Probable Case:
I + four or five criteria of II, IIIA and IIIB (see Box 5).

OR
I + IVA (see Box 5).

Suspect Case:
I + four or five criteria of II + IIIA (see Box 5).

Clinical Evidence
See case definitions.

Reporting Requirements

- Report confirmed, probable, and Suspect cases immediately to PHAS Surveillance Team.
- Enter into ANDS.
- Submit case report forms as soon as completed.

Forms

See Surveillance Forms for details:
- Nova Scotia Notifiable Disease Surveillance Case Report Form
- CJD/vCJD Case Report Form

Data Entry

ANDS Quick Reference Guide for Direct Contact
Box 1

I. Spongiform encephalopathy in cerebral and/or cerebellar cortex and/or subcortical grey matter.
II. Encephalopathy with prion protein (PrP) immunoreactivity in plaque-like and/or diffuse synaptic and/or patchy/perivascular patterns, by examination of tissue either directly or with assistance of capillary transfer from paraffin-embedded tissue (PET) to secondary support (PET blot).
III. Presence of scrapie-associated fibrils (SAF) by electron microscopy.
IV. Presence of protease-resistant PrP by Western blot.

Box 2

I. A – Myoclonus
   B – Visual disturbances or cerebellar dysfunction (ataxia)
   C – Pyramidal or extrapyramidal features
   D – Akinetic mutism
II. Typical EEG pattern: periodic sharp-wave complexes ca. 1 Hz.

Box 3

Note: Assessment of the relevance of any proposed risk factor to disease causation should take into account the timing of the putative exposure in relation to disease onset, especially where the putative exposure is recent. As well, this list is provisional, as the risks of iatrogenic transmission of prion disease by other routes are currently incompletely understood.

I. Treatment with human cadaveric pituitary growth hormone, human pituitary gonadotrophin or human dura mater graft.
II. Corneal graft in which the corneal donor has been classified as having a definite or probable prion disease.
III. Neurosurgical exposure to instruments previously used on a patient classified as having definite or probable prion disease.

Box 4

III. PRNP mutations associated with a neuropathologic phenotype of Familial Fatal Insomnia (FFI): D178N.
IV. PRNP mutations associated with other neuropathologic phenotypes: I138M, G142S, Q160Stop, T188K, T188R, P238S, M232R; octapeptide repeat insertions (various lengths).
### Box 5

| I. | A – Progressive neuropsychiatric disorder  
   | B – Duration > 6 months  
   | C – Routine investigations do not suggest alternative diagnosis  
   | D – No history of potential iatrogenic exposure  
   | E – No evidence of genetic prion disease  |
| --- | --- |
| II. | A – Early psychiatric symptoms b  
   | B – Persistent painful sensory symptoms c  
   | C – Ataxia  
   | D – Myoclonus or chorea or dystonia  
   | E – Dementia  |
| III. | A – EEG does not show typical appearance of sporadic CJD d (or no EEG performed) in the early stages of the illness.  
   | B – Bilateral pulvinar high signal on magnetic resonance imaging (MRI) scan e.  |
| IV. | A – Tonsil biopsy positive for prion protein immunoreactivity f |

### Footnotes

| a) | Spongiform change, extensive PrP deposition, florid plaques throughout the cerebrum & cerebellum.  |
| b) | Depression, anxiety, apathy, withdrawal, delusions.  |
| c) | Frank pain and/or dysaesthesia.  |
| d) | Generalized triphasic period complexes at ca. 1 Hz. Rarely, these may occur in the late stages of vCJD.  |
| e) | Relative to the signal intensity of other deep grey matter nuclei & cortical grey matter.  |
| f) | Tonsil biopsy is not recommended routinely or in cases with EEG appearance typical of sporadic CJD, but may be useful in suspect cases in which the clinical features are compatible with vCJD and MRI does not show bilateral pulvinar high signal.  |